



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.

LOBBYIST NAME	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>RICHARD</td><td></td></tr><tr><td>Last Name*</td><td>SUFFIX</td><td></td></tr><tr><td>SUTTLE</td><td>JR.</td><td></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>	Title	First Name*	Middle		RICHARD		Last Name*	SUFFIX		SUTTLE	JR.	
Title	First Name*	Middle											
	RICHARD												
Last Name*	SUFFIX												
SUTTLE	JR.												
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td>Apartment or Suite Number</td></tr><tr><td>100 Congress Ave.</td><td>STE 1300</td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td>Austin</td><td>TX 78701</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number	100 Congress Ave.	STE 1300	City*	State* Zip Code*	Austin	TX 78701				
Permanent Business Street Address*	Apartment or Suite Number												
100 Congress Ave.	STE 1300												
City*	State* Zip Code*												
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LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td>Apartment or Suite Number</td></tr><tr><td>100 Congress Ave.</td><td>STE 1300</td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td>Austin</td><td>TX 78701</td></tr></table>	Business Mailing Address*	Apartment or Suite Number	100 Congress Ave.	STE 1300	City*	State* Zip Code*	Austin	TX 78701				
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100 Congress Ave.	STE 1300												
City*	State* Zip Code*												
Austin	TX 78701												
REPORT TYPE	<p>Report Type*: Check all that apply</p> <table><tr><td><input type="checkbox"/> New Lobbyist Registration</td><td><input checked="" 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 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 checked="" 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 type="checkbox"/> Quarterly Activity Report: July	<input type="checkbox"/> Quarterly Activity Report: October				
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<input type="checkbox"/> Quarterly Activity Report: January	<input type="checkbox"/> Quarterly Activity Report: April	<input type="checkbox"/> Quarterly Activity Report: July	<input type="checkbox"/> Quarterly Activity Report: October										

* Indicates a required field



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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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="70 Pascal Lane"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>
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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="721 Congress Ave"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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	Address		Suite or Apartment Number
	<input type="text" value="8509 FM 969"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78724"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	4300 STAGGERBRUSH ROAD		
	City	State	Zip Code
	AUSTIN	TX	78749
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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	Address		Suite or Apartment Number
	<input type="text" value="710 WEST AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
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| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address Colton Bluff Springs Road		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78744
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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	Address		Suite or Apartment Number
	<input type="text" value="6500 RR 2222"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78730"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	2300 CLOUD WAY		
	City	State	Zip Code
	AUSTIN	TX	78759
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
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| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	NW QUADRANT OF PEARCE LN & WOLF LN INTERSECTION		
	City	State	Zip Code
	Cedar Creek	TX	78612
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are 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"/>			
LOT 1, PLEASANT HILL SUBDIVISION			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are 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" value="MCCORMICK RANCH ON LAKE AUSTIN"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="220 S. CONGRESS AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	823 CONGRESS AVE		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are 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" value="PEARSON PLACE SECTION THREE"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	8701 N. MOPAC EXPRESSWAY		
	City	State	Zip Code
	AUSTIN	TX	78759
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	308 GUADALUPE STREET		
	City	State	Zip Code
	AUSTIN	TX	78701
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 |
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| <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 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 checked="" 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 type="checkbox"/> Technology or Communications |
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| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	1800 WESTLAKE PASS		
	City	State	Zip Code
	AUSTIN	TX	78746
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 |
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| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	5810 STEINER RANCH		
	City	State	Zip Code
	AUSTIN	TX	78732
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	7200 N. MOPAC EXPRESSWAY		
	City	State	Zip Code
	AUSTIN	TX	78731
Property Legal Description			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="610 E. 11TH STREET / 705 E. 12TH STREET"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="6001 AIRPORT BLVD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78752"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are 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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input type="checkbox"/> Affordability | <input checked="" 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 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 type="checkbox"/> Labor or Workforce | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
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| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
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| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input type="text" value="CODENEXT"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="425 W. RIVERSIDE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78704"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 checked="" 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="916 CONGRESS"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	1112 S. 8TH STREET		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" type="checkbox"/> Land Development or Land Use | <input checked="" type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="304 E. CESAR CHAVEZ"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" 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 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 checked="" 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="1901 SAN ANTONIO ST"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78705"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	S CONGRESS AND RALPH ABLENADO		
	City	State	Zip Code
	Austin	TX	78701
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	NW CORNER OF SLAUGHTER AND IH-35		
	City	State	Zip Code
	AUSTIN	TX	78745
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text" value="5210 N LAMAR BLVD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78751"/>
	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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	TX	<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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" 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 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 checked="" 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 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 checked="" 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 type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input type="text" value="INTERACTIVE WAYFINDING TECHNOLOGY"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	413 NAVASOTA STREET		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	8212 BARTON CLUB DR		
	City	State	Zip Code
	AUSTIN	TX	78735
Property Legal Description			

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) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input 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 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 checked="" type="checkbox"/> Land Development or Land Use | <input checked="" type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	OLD HWY 20		
	City	State	Zip Code
	MANOR	TX	78653
	Property Legal Description		

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	E STATE HWY 71		
	City	State	Zip Code
	DEL VALLE	TX	78617
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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	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" value="LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW& PT LOT 1& LOT 2 BELVIN M E SUBD& ABS 86 SUR 75 BELLA AF ACR 10.6010"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input type="checkbox"/> Affordability | <input checked="" 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 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 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are 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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	12971 POND SPRINGS ROAD		
	City	State	Zip Code
	AUSTIN	TX	78729
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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Delete this page



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- 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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description are required.		
	Address		Suite or Apartment Number
	508 WEST AVENUE		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 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 checked="" 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 type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Pacitti"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	<input type="text" value="300 WEST 6TH STREET"/>		<input type="text" value="SUITE 2300"/>
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="Real Estate Investment/ Development"/>		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Nelsen"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	<input type="text" value="905 CONGRESS AVE"/>		<input type="text"/>
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="Real Estate Investment/ Development"/>		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* KIPP AUSTIN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	8509 FM 969		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78724
	Nature of Client's Business* EDUCATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* GALLEGOS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	5515 BALCONES DRIVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, INC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	800 W. 6TH STREET		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* TECHNOLOGY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CARMA TEXAS, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	11501 ALTERRA PKWY		STE 100
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78758
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* ENDEAVOR REAL ESTATE GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	500 W. 5TH ST		STE 700
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* ORACLE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	9515 TOWNE CENTRE DR		
	Client City*	Client State*	Client Zip Code*
	SAN DIEGO	CA	92121
	Nature of Client's Business* SOFTWARE APPLICATIONS		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1440 THE LAKES BLVD		
	Client City*	Client State*	Client Zip Code*
	PFLUGERVILLE	TX	78660
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* RYAN COMPANIES, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	111 CONGRESS AVE		STE1850
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	11200 LAKELINE BLVD		STE 150 A
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78717
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* YETI COOLER, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	5301 SOUTHWEST PARKWAY	STE 200	
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78735
	Nature of Client's Business* RETAILER		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000	OR		
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* BRICKMAN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2630 EXPOSITION BLVD.		STE 114
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CENTURY LAND HOLDINGS LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	6500 RIVER PLACE BLVD		
	Client City*	Client State*	Client Zip Code*
	AUSITN	TX	78730
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* EURUS 8701 ATRIUM LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	7200 NORTH MOPAC		STE 450
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* LINCOLN PROPERTY COMPANY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2000 MCKINNEY AVENUE		STE 100
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75201
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	111 Congress Ave		STE 3000
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MU 15 INVESTMENTS, LTD.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	7200 North Mopac		STE 450
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* THE KUCERA COMPANY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	7200 N. MOPAC		STE 450
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* VELOCITY CREDIT UNION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1717 W. 6TH STREET		STE 400
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business* FINANCIAL INSTITUTION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4015 GUADALUPE ST.		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* SEAMLESS CAPITAL, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	4407 BEE CAVES RD	STE 421	
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*	OR	(\$) Exact Amount
	less than \$10,000		
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	515 CONGRESS AVE		STE 1300
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MVA-916, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	515 CONGRESS AVE		STE 1400
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* DAVIS WAYNE FS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3821 JUNIPER TRACE		STE 207
	Client City*	Client State*	Client Zip Code*
	BEE CAVE	TX	78738
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* WHITE LODGING SERVICES CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	701 E. 83RD AVE.		STE 17
	Client City*	Client State*	Client Zip Code*
	MERRILLVILLE	IN	46410
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* BARSHOP & OLES COMPANY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	801 CONGRESS AVE.		STE 300
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	P.O. BOX 1876		
	Client City*	Client State*	Client Zip Code*
	VICTORIA	TX	77902
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	less than \$10,000		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HEB GROCERY STORES		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	646 SOUTH MAIN		
	Client City*	Client State*	Client Zip Code*
	SAN ANTONIO	TX	78204
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* FASKEN OIL AND RANCH, LTD		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3600 BEE CAVE ROAD		STE 200
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* OBMSMG LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	250 N. HARTFORD AVE		
	Client City*	Client State*	Client Zip Code*
	COLUMBUS	OH	43222
	Nature of Client's Business* TECHNOLOGY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* OMNI HOTELS/BARTON CREEK CONFERENCE CENTER		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4001 MAPLE AVENUE		STE 600
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75219
	Nature of Client's Business* HOSPITALITY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TITAN CAPITAL INVESTMENT GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	401 E. CITY AVENUE		STE 812
	Client City*	Client State*	Client Zip Code*
	BALA CYNWYD	PA	19004
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client 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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* GOVEIA COMMERCIAL REAL ESTATE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	24855 DEL PRADO		
	Client City*	Client State*	Client Zip Code*
	DANA POINT	CA	92629
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HEB/CHARLES BUTT (HOLDSWORTH CENTER)		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	646 SOUTH MAIN		
	Client City*	Client State*	Client Zip Code*
	SAN ANTONIO	TX	78204
	Nature of Client's Business* EDUCATIONAL CENTER		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	less than \$10,000	OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* 183 BLW, LP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	PO BOX 9190		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78766
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* 2501 W. BRAKER, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1601 S. MOPAC EXPRESSWAY		STE 175
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

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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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* ALLEGIANCE MOBILE HEALTH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	501 S. AUSTIN AVE		STE 1310
	Client City*	Client State*	Client Zip Code*
	GEORGETOWN	TX	78626
	Nature of Client's Business* AMBULATORY CARE		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN ACHIEVE PUBLIC SCHOOLS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	5908 MANOR ROAD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78723
	Nature of Client's Business* EDUCATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BAPTIST CHURCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	823 CONGRESS		STE 111
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* RELIGIOUS ASSEMBLY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BOARD OF REALTORS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	4800 SPICEWOOD SPRINGS RD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78759
	Nature of Client's Business* RESIDENTIAL REAL ESTATE ORGANIZATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN PARK, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	700 12TH STREET	STE 220	
	Client City*	Client State*	Client Zip Code*
	GOLDEN	CO	80401
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* BLENHEIM CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4716 ST. JOHN'S DRIVE		
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75205
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* BROCK CONSULTING GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	P.O. BOX 160340		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78716
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	823 CONGRESS AVE.		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CIRCUIT OF THE AMERCIAS LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	301 CONGRESS AVENUE		STE 220
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CRV SHORELINE, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1601 S. MOPAC EXPRESSWAY		SUITE D-175
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	9606 N. MOPAC EXPY	STE 500	
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78759
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* DOWNTOWN AUSTIN ALLIANCE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	211 E. 7TH STREET		STE 818
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* ADVOCACY ORGANIZATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* GABLES RESIDENTIAL		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	6850 AUSTIN CENTER BLVD		
	Client City*	Client State*	Client Zip Code*
	AUSITN	TX	78751
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HELPING HAND HOME FOR CHILDREN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	3804 AVENUE B		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business* NON-PROFIT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HPI REAL ESTATE & SERVICES INVESTMENT		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3600 N. CAPITAL OF TEXAS HWY		BLDG B, STE 250
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* LAMBERT		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1316 S. CONGRESS		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78704
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	225 N. COLUMBUS DRIVE	SUITE 100	
	Client City*	Client State*	Client Zip Code*
	CHICAGO	IL	60601
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MEREDITH FAMILY REVOCABLE TRUST		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	248 ADDIE ROY RD		STE C200
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	8208 LONG CANYON		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78730
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERTIES I, L.P		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1411 SLEDGE DRIVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78734
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* PARKER		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	4213 HIDDEN CANYON COVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* POWERFIN PARTNERS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 CONGRESS AVENUE		17th FLOOR
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	2614 EXPOSITION BLVD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business* EDUCATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* REDDEHASE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	715 GOLF CREST LANE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78734
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* REIT MANAGEMENT AND RESEARCH LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	255 WASHINGTON STREET 255 WASHINGTON STREET		STE 300
	Client City*	Client State*	Client Zip Code*
	NEWTON	MA	02458
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* RICE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	54 RAINEY ST		#1004
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* ROBINSON RANCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	P.O. BOX 9556		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78766
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* RYAN STREET & ASSOCIATES		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	2414 EXPOSITION BLVD	STE B-140	
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4501 SPRINGDALE ROAD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78723
	Nature of Client's Business* RESTAURANTS		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* THE BROHN GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1550 TIMOTHY ROAD		STE 201
	Client City*	Client State*	Client Zip Code*
	ATHENS	GA	30606
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* THE UNIVERSITY OF TEXAS SYSTEM		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	201 WEST 7TH ST		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* HIGHER EDUCATION		

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.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TRAMMELL CROW		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 CONGRESS AVE		STE 225
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TRAVIS HOTEL GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	2711 N HASKELL AVE	STE 2800	
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75204
	Nature of Client's Business* HOSPITALITY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TRINE WOODS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	13945 U.S. HWY 183 N		STE D-190
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78717
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	8133 MESA DR, #206		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78759
	Nature of Client's Business* RESTAURANTS		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* W&G PARTNERSHIP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2801 VIA FORTUNA		STE 525
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HYDE PARK BAPTIST CHURCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3901 SPEEDWAY		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business* RELIGIOUS ASSEMBLY		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	420 FIFTH AVENUE		7TH FL.
	Client City*	Client State*	Client Zip Code*
	NEW YORK	NY	10018
	Nature of Client's Business* DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES		

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.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	<input type="text"/>		OR	<input type="text"/>
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* HI TECH AUTO GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	3800 SOUTHWEST FREEWAY	STE 300	
	Client City*	Client State*	Client Zip Code*
	HOUSTON	TX	77024
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*	OR	(\$) Exact Amount
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MANIFOLD REAL ESTATE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	PO Box 200463		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78720
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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.

CLIENT COMPENSATION	Compensation Category*	OR	(\$) Exact Amount
Per City Code Section 4-8-6(a), the exact compensation amount is required for compensation totaling \$500,000 or more.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

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.

PERSON EMPLOYED OR RETAINED	Title	First Name*	Middle
	Last Name*	Suffix	
	Employer*	Occupation*	
BUSINESS ADDRESS	Business Address*	Apartment or Suite Number	
	City*	State*	Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	<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(5)?		
	If yes, describe the nature of their employment *required if the above box is checked		
	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	

* Indicates a required field

Add Another Employee Page

Delete this page



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

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,
or Quarterly Activity Reporting*

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,
or Quarterly Activity Reporting*

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.

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



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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.

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

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

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

8/15/2017

Report Date*

RICHARD SUTTLE, JR.

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.