



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.

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

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title First Name* David Middle Last Name* Butts Suffix ☐ My employer is a 501c(3) non-profit organization
EMPLOYING ENTITY	☐ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 1914 Patton Lane Apartment or Suite Number City* Austin State* TX Zip Code* 78723
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 1914 Patton Lane Apartment or Suite Number City* Austin State* TX Zip Code* 78723



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REPORT TYPE *

Check all that apply

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☒ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☐ April ☐ July ☒ October
- ☐ I am correcting the information provided on a previously filed report
- Previous Report Type: Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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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*	waste management		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Property Legal Description		

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

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

Add Additional Municipal Question

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.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Texas Disposal Systems, Inc.																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>P.O. Box 17126</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78760</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Solid waste services</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		P.O. Box 17126			Client City*	Client State*	Client Zip Code*	Austin	TX	78760	Nature of Client's Business*			Solid waste services		
Client Business Address*	Client Apartment or Suite Number																		
P.O. Box 17126																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78760																	
Nature of Client's Business*																			
Solid waste services																			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$10,000 - \$24,999</td><td>OR</td><td></td><td></td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$10,000 - \$24,999	OR		
Compensation Category*		(\$)	Exact Amount						
\$10,000 - \$24,999	OR								

* Indicates a required field

Add Another Client Page

Delete this page



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Section 4: Employee

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

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

NO EMPLOYEES TO REPORT	☒ I employed or retained no employees during the applicable reporting period																		
PERSON EMPLOYED OR RETAINED	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td> </td><td> </td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td> </td><td> </td><td></td></tr></table>	Title	First Name*	Middle				Last Name*	Suffix					Employer*	Occupation*				
Title	First Name*	Middle																	
Last Name*	Suffix																		
Employer*	Occupation*																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td> </td><td> </td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td> </td><td> </td></tr></table>	Business Address*	Apartment or Suite Number			City*	State* Zip Code*												
Business Address*	Apartment or Suite Number																		
City*	State* Zip Code*																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)? If yes, describe the nature of their employment *required if the above box is checked <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td> </td><td> </td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member																
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		

* Indicates a required field

Add Another Employee Page

Delete this page



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

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



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Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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 received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying 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



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**Section 6:
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).
Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

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



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Section 7: Expenditure

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

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

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

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

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



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Section 8: Declaration and Electronic Submission

DECLARATION

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

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

David Butts

Typed Name

10/9/2017

Report Date*

Electronic Submission and Signature

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

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