

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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	Title Mr. Last Name* Buie My employer	First Name* Jed r is a 501c(3) non-profit organizatio	Suffix	Middle A
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busin 2901 Bee Cave R City* Austin	ness Street Address*	Apartment or Ste. D State* TX	Suite Number Zip Code* 78746
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing 2901 Bee Cave R City* Austin		Apartment or Ste. D State* TX	Suite Number Zip Code* 78746
REPORT TYPE	New Lobbyist Registration Quarterly Activ Report: Januar	t Update Current Lobbyist Registration vity Quarterly Activity	Annual Renewa Lobbyist Regist Quarterly Activi Report: July	ration Lobbyist Registration



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 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 Munic	ipal Question, clic	k the "Add Additional Municipal Ques	stion" button below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*		with Visit Austin's (formerly the Austin Co enter business in Austin; how the organiza		
PROPERTY ADDRESS	This municip	oal question pertains to real property. is required.	*If checked, either a p	
OR				
LEGAL DESCRIPTION	City		State	Zip Code
	Property Legal De	escription		
Subject Matter(s)*: Check all su	bject matters that	t apply to the municipal question abo	ve	
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	er Permits (Building, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (Other)
Animals		Health, Healthcare, Mental Health, Human Services		fety, Policy, Fire, EMS, or cy Planning and Response
Annexation		Historic Preservation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste, ling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Cor Center	nvention	f Life Affairs
Aviation		Human Rights or Immigration	Real Esta	te
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pr	oposed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	Land Development or Land Use	Taxation	or Fees
Code Compliance		Municipal Court	Technolo	ogy or Communications
Construction		Municipal Legislation	☐ Transpor	tation or Mobility
Contracts or Procurement		Neighborhoods	Zoning o	r Platting
Diversity, Equity, or Inclusion	า	Parks, Recreation, Libraries, or Mus	seums	
Economic Development		Other:		



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Question" bu	itton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Public transporta	Public transportation; coordination with City of Austin			
PROPERTY ADDRESS	description	·	·	-	
OR	Address	S	Suite or Apartment	Number	
LEGAL DESCRIPTION					
	City	s	itate	Zip Code	
	Property Legal D	Description			
	1 , 5	·			
Subject Matter(s)*: Check all su	ubject matters tha	at apply to the municipal question above			
Accessibility or Persons with	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	cies, Energy, Water, Solid Waste g	
Arts, Music, Film, Cultural o	r	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs	
Aviation		Human Rights or Immigration	Real Estate		
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Emp Retirement Systems	ployment, or	Land Development or Land Use	Taxation or	Fees	
Code Compliance		Municipal Court	Technology	or Communications	
Construction		Municipal Legislation		tion or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting	
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one Munic	cipal Question, cli	ck the "Add Additional Municipal Question" bu	itton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Wastewater capa	Wastewater capacity, infrastructure, discharge permit			
PROPERTY ADDRESS	description	pal question pertains to real property. *If chec is required.	·	-	
OR	Address	S	Suite or Apartment	Number	
LEGAL DESCRIPTION					
	City	s	itate	Zip Code	
	Property Legal D	Description			
	1.000.07 2080.2	- Coorpain			
Subject Matter(s)*: Check all su	ubject matters that	at apply to the municipal question above			
Accessibility or Persons with	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	illding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	cies, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural o	r	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs	
Aviation		Human Rights or Immigration	Real Estate		
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Emp Retirement Systems	ployment, or	Land Development or Land Use	Taxation or	Fees	
Code Compliance		Municipal Court	Technology	or Communications	
Construction		Municipal Legislation	Transportat	tion or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting	
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Question" bເ	utton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	COA waste servio	COA waste services contract procedures			
PROPERTY ADDRESS	description	·		-	
OR	Address		Suite or Apartment	Number	
LEGAL DESCRIPTION					
	City		State	Zip Code	
	Property Legal D	Description			
		·			
Subject Matter(s)*: Check all s	ubject matters that	at apply to the municipal question above			
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	cies, Energy, Water, Solid Waste g	
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs	
Aviation		Human Rights or Immigration	Real Estate		
City Infrastructure or Public	c Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Em Retirement Systems	ployment, or	Land Development or Land Use	Taxation or	Fees	
Code Compliance		Municipal Court	Technology	or Communications	
Construction		Municipal Legislation	Transporta	tion or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting	
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one Munici	pal Question, clic	k the "Add Additional Mi	unicipal Question" butt	ton below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	COA incentives po	COA incentives policy discussion			
PROPERTY ADDRESS	This municip description i	al question pertains to responding to required.		ed, either a prop	
OR	1023 Springdale I	Rd.			
LEGAL DESCRIPTION	City		Sta	ate	Zip Code
	Austin		TX		78723
	Property Legal De	escription			
Subject Matter(s)*: Check all sub	pject matters that	apply to the municipal of	question above		
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershe		Permits (Bui	lding, Site Plans)
		Finance, Budget, or I	nvestments	Permits (Oth	ner)
Animals		Health, Healthcare, N Human Services	Mental Health, or		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	ı	Public Utiliti	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Center	Events, or Convention	Quality of Li	fe Affairs
Aviation		Human Rights or Imn	nigration	Real Estate	
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Development o	r Land Use	∑ Taxation or I	Fees
Code Compliance		Municipal Court		Technology	or Communications
Construction		Municipal Legislation	1	Transportati	ion or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Lik	oraries, or Museums		
Economic Development		Other:			



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To report more than one Munic	cipal Question, clic	ck the "Add Additional Municipal Question" bu	utton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Real estate discu	Real estate discussion around school's future home in SW Austin			
PROPERTY ADDRESS	This municipudescription		cked, either a prop	· · ·	
OR			·		
LEGAL DESCRIPTION	City		State	Zip Code	
	City		otate	Zip Code	
	Property Legal D		C: A /		
	Intersection of S	chool Rd. and Patton Ranch Rd. in southwest Austi	n, near St. Andrew's	S Upper School	
Subject Matter(s)*: Check all su	ıbject matters tha	t apply to the municipal question above			
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste g	
Arts, Music, Film, Cultural or Creative Industries	r	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs	
Aviation		Human Rights or Immigration			
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Emp Retirement Systems		Land Development or Land Use	Taxation or	Fees	
Code Compliance		Municipal Court	Technology	or Communications	
Construction		Municipal Legislation	Transportat	ion or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting	
Diversity, Equity, or Inclusio	n	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one Munici	pal Question, clic	k the "Add Additional Municipal Ques	tion" button below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Discussion around	Discussion around continued ramp access at Walsh Boat Landing			
PROPERTY ADDRESS	This municip description i	pal question pertains to real property. is required.	*If checked, either a p Suite or Apartmer		
OR					
LEGAL DESCRIPTION	City		State	Zip Code	
	,				
	Property Legal De	escrintion			
	Troperty Legar De	Comption			
Subject Matter(s)*: Check all sul	 bject matters that	t apply to the municipal question abov	ve		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	er Permits (Building, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Other)	
Animals		Health, Healthcare, Mental Health, Human Services		fety, Policy, Fire, EMS, or cy Planning and Response	
Annexation		Historic Preservation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste ing	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Cor Center	vention Quality o	f Life Affairs	
Aviation		Human Rights or Immigration	Real Esta	te	
City Infrastructure or Public \	Works	Labor or Workforce	Rules, Pro	oposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Development or Land Use	Taxation	or Fees	
Code Compliance		Municipal Court	Technolo	gy or Communications	
Construction		Municipal Legislation	☐ Transpor	tation or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or	r Platting	
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Mus	eums		
Economic Development		Other:			



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Outdoor adversti	Outdoor adverstising			
PROPERTY ADDRESS	This municip	pal question pertains to real property. *If check is required.	ked, either a prop	perty address or legal	
OR	Address	Su	uite or Apartment I	Number	
LEGAL DESCRIPTION					
LEGAL DESCRIPTION	City	St	tate	Zip Code	
	Property Legal D	escription			
Subject Matter(s)*: Check all su	ıbject matters tha	t apply to the municipal question above			
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		ry, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural of Creative Industries	r	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs	
Aviation		Human Rights or Immigration	Real Estate		
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Emp Retirement Systems		Land Development or Land Use	Taxation or	Fees	
Code Compliance		Municipal Court	Technology	or Communications	
Construction		Municipal Legislation	Transportat	cion or Mobility	
Contracts or Procurement		☐ Neighborhoods	Zoning or Pl	latting	
Diversity, Equity, or Inclusio	n	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one Munici	pal Question, clic	k the "Add Additional Municipal Qu	iestion" button below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Engineering and t	Engineering and transportation services			
PROPERTY ADDRESS	This municip description i	pal question pertains to real propert is required.	ty. *If checked, either a p Suite or Apartme		
OR					
LEGAL DESCRIPTION	City		State	Zip Code	
	Property Legal De	escription			
Subject Matter(s)*: Check all sul	oject matters that	t apply to the municipal question al	oove		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or W Quality, or Watershed Protection		Building, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits ((Other)	
Animals		Health, Healthcare, Mental Health Human Services	<u> </u>	fety, Policy, Fire, EMS, or cy Planning and Response	
Annexation		Historic Preservation	Public Ut or Recyc	cilities, Energy, Water, Solid Waste, ling	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or C Center		of Life Affairs	
Aviation		Human Rights or Immigration	Real Esta	ite	
City Infrastructure or Public \	Works	Labor or Workforce	Rules, Pr	oposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems		Land Development or Land Use	Taxation	or Fees	
Code Compliance		Municipal Court	Technolo	ogy or Communications	
Construction		Municipal Legislation		tation or Mobility	
Contracts or Procurement		Neighborhoods	Zoning o	r Platting	
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or N	luseums		
Economic Development		Other:			



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 Client is an individual	Organization Name or Client Last Name, as applicable* Visit Austin		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 111 Congress Client City* Austin Nature of Client's Business* Tourism and convention business promotion	Client Apartment Ste. 700 Client State* TX	or Suite Number Client Zip Code* 78701

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$25,000 - \$49,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact for compensation totaling \$500,000 or n	nore.	·
	If you fail to provide the above Client Compe	ensation information	ı, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client 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 Client is an individual	Organization Name or Client Last Name, as applicable* Capital Metro		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2910 E. 5th St. Client City* Austin Nature of Client's Business* Public transportation	Client Apartment of Client State*	Client Zip Code*

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

* Indicates a required field

Add Another Client 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 Client is an individual	Organization Name or Client Last Name, as applicable* City of Dripping Springs		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 511 Mercer St. Client City* Dripping Springs Nature of Client's Business* City government	Client Apartment of Client State* TX	Client Zip Code*

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 Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client 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 Client is an individual	Organization Name or Client Last Name, as applicable * Balcones Resources		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 9301 Johnny Morris Rd. Client City* Austin Nature of Client's Business* Recycling	Client Apartment Client State* TX	Client Zip Code*

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact of for compensation totaling \$500,000 or more lifyou fail to provide the above Client Compensation	e. ·	
			, p. 6.1. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

* Indicates a required field

Add Another Client 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 Client is an individual	Organization Name or Client Last Name, as applicable* Rawson Saunders School for Dyslexia		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2614 Exposition Blvd Client City* Austin Nature of Client's Business* Education	Client Apartment of Client State*	Client Zip Code*

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact of for compensation totaling \$500,000 or more lifyou fail to provide the above Client Compensation	e. ·	
			, p. 6.1. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

Indicates a required field

Add Another Client Page



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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 Client is an individual	Organization Name or Client Last Name, as applicable* Austin Duck Adventures		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1600 Fort View Rd. Client City* Austin Nature of Client's Business* Tours of Austin and Lake Austin	Client Apartment of Client State* TX	Client Zip Code*

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.

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

* Indicates a required field

Add Another Client Page



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Section 3a:

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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 Client is an individual	Organization Name or Client Last Name, as applicable* Media Choice		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3701 Bee Cave Rd. Client City* Austin Nature of Client's Business* Outdoor advertising	Client Apartment of Ste. 101 Client State* TX	or Suite Number Client Zip Code* 78746

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact of for compensation totaling \$500,000 or more lifyou fail to provide the above Client Compensation	e. ·	
			, p. 6.1. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

* Indicates a required field

Add Another Client Page



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Section 3: Client

Section 3a:

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

CLIENT NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* HDR, Inc.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4401 Westgate Client City* Austin Nature of Client's Business* Engineering	Client Apartment Ste. 400 Client State* TX	or Suite Number Client Zip Code* 78745

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 Category* \$25,000 - \$49,999	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

Indicates a required field

Add Another Client Page



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* Last Name * Employer*	Middle Suffix Occupation*
BUSINESS ADDRESS	Business Address* City*	Apartment or Suite Number State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	Is the person identified above related (within the the Council Member, or a member of their household, and If yes, describe the nature of their employment *required. First Name of Mayor/Council Member	as defined in City Code Section 4-8-6(A)(5)?

Add Another Employee Page

^{*} Indicates a required field



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.



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



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.

	(\$) Reimbursement to Others
	(\$) Food and Beverages
	(\$) Transportation and Lodging
	(\$) Gifts (other than Awards and Mementos)
EXPENDITURE	(\$) Entertainment
TOTALS	(\$) Awards and Mementos
(Blank values	(\$) Honorariums
will be interpreted as \$0)	(\$) 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)



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	Organization Name or Payee Last Name,	as applicable*		
BUSINESS INTEREST	This payee is a business or business i	nterest of a City Official		
	If yes, First Name of City Official	Last	Name of City Offi	cial
Payee is an individual				
	Department of City Official	Job	Title of City Officia	al
PAYEE	Payee Address/ PO Box*		Payee Apartment	t or Suite Number
ADDRESS				
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	(\$) Expenditure Amount* Expendit	ture Date* Category	,*	
EXPENDITURE				
DETAILS	Purpose of the Expenditure*			
Identify each City Official w	l vho benefitted from or who may	y have been influer	nced by the ex	penditure, if applicable
City Official First Name	City Official Last Name	Departmen		Job Title
Add Another Expenditure Page			Delete this	s page Page 23 of 24 Revised: 6/30/2017



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.

Jed Buie	1/10/2017
Printed/Typed Name	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.

Submit this form via e-mail