



Lobbyist Reporting Form

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.

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	<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 colspan="2">Suffix</td></tr><tr><td>SUTTLE</td><td colspan="2"></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>	Title	First Name*	Middle		RICHARD		Last Name*	Suffix		SUTTLE		
Title	First Name*	Middle											
	RICHARD												
Last Name*	Suffix												
SUTTLE													
EMPLOYING ENTITY	<p><input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</p>												
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 CONGRESS AVE</td><td colspan="2">STE 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number		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*											
AUSTIN	TX	78701											
LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 CONGRESS AVE</td><td colspan="2">STE 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>	Business Mailing Address*	Apartment or Suite Number		100 CONGRESS AVE	STE 1300		City*	State*	Zip Code*	AUSTIN	TX	78701
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City*	State*	Zip Code*											
AUSTIN	TX	78701											



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*Required for Lobbyist Registration, Termination,
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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*	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 is required.		
	Address		Suite or Apartment Number
	70 PASCAL LANE		
	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, Site Plans) |
| <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 checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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	Address		Suite or Apartment Number
	721 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, Site Plans) |
| <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, Site Plans) |
| <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 is required.		
	Address 4300 STAGGERBRUSH ROAD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 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, Site Plans) |
| <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, Site Plans) |
| <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 is required.		
	Address		Suite or Apartment Number
	COLTON BLUFF SPRINGS RD		
	City	State	Zip Code
	AUSTIN	TX	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, Site Plans) |
| <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 is required.		
	Address 6500 RR 2222		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78730
	Property Legal Description 		

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

- | | | |
|---|--|--|
| <input checked="" 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, Site Plans) |
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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 is required.		
	Address 2300 CLOUD WAY		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78759
	Property Legal Description		

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

- | | | |
|---|--|--|
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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 is required.		
	Address		Suite or Apartment Number
	NW QUADRANT OF PEARCE LN & WOLF LN INT		
	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

☐ 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:

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text" value="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, Site Plans) |
| <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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

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

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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 is required.		
	Address 220 S. CONGRESS AVE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 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, Site Plans) |
| <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 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 is 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, Site Plans) |
| <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 |
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| <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"/>			

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, Site Plans) |
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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 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 is required.		
	Address		Suite or Apartment Number
	<input type="text" value="8701 MOPAC EXPRESSWAY"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78759"/>
	Property Legal Description		
	<input type="text"/>		

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

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☒ 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

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☐ Human Rights or Immigration

☒ Real Estate

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☒ Zoning or Platting

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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 is 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

☐ 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

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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 is 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, Site Plans) |
| <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 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 is 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

☐ 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

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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 is required.		
	Address		Suite or Apartment Number
	7200 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

☐ 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

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☒ 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:

Add Additional Municipal Question

Delete this page



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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 is required.		
	Address		Suite or Apartment Number
	610 E. 11TH STREET / 705 E. 12TH 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, Site Plans) |
| <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 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 is required.		
	Address		Suite or Apartment Number
	6001 AIRPORT ROAD		
	City	State	Zip Code
	AUSTIN	TX	78752
	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, Site Plans) |
| <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 checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <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 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 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 is required.		
	Address		Suite or Apartment Number
	425 W. RIVERSIDE		
	City	State	Zip Code
	AUSTIN	TX	78704
	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, Site Plans) |
| <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 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 is required.		
	Address		Suite or Apartment Number
	916 CONGRESS		
	City	State	Zip Code
	AUSTIN	TX	78701
	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

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☒ 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

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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 is 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, Site Plans) |
| <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 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 is required.		
	Address		Suite or Apartment Number
	304 E. CESAR CHAVEZ		
	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, Site Plans) |
| <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 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 is required.		
	Address		Suite or Apartment Number
	<input type="text" value="1901 SAN ANTONIO STREET"/>		<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, Site Plans) |
| <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 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 is 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, Site Plans) |
| <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 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 is 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, Site Plans) |
| <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 checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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Delete this page



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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 is required.		
	Address		Suite or Apartment Number
	5210 N LAMAR BLVD		
	City	State	Zip Code
	AUSTIN	TX	78751
	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:

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <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 is required.		
	Address		Suite or Apartment Number
	<input type="text" value="413 NAVASOTA"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78702"/>
	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, Site Plans) |
| <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 checked="" 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: <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 is 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 checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <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 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 is 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, Site Plans) |
| <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 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 is 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

☐ 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

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text" value="LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6010"/>		

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

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <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"/> | |

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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 is required.		
	Address		Suite or Apartment Number
	<input type="text" value="12971 POND SPRINGS ROAD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78729"/>
	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, Site Plans) |
| <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 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 is 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, Site Plans) |
| <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 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 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 is required.		
	Address		Suite or Apartment Number
	5521 Springdale Road		
	City	State	Zip Code
AUSTIN		TX	78723
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, Site Plans) |
| <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 checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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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 is required.		
	Address		Suite or Apartment Number
	6301 FM 2222		
	City	State	Zip Code
	Austin	TX	78737
	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, Site Plans) |
| <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 |
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| <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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* PACITTI																		
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>300 W. 6TH STREET</td><td colspan="2">STE 2300</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		300 W. 6TH STREET	STE 2300		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
300 W. 6TH STREET	STE 2300																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* NELSEN PARTNERS, INC																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>905 CONGRESS AVE</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78701</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			905 CONGRESS AVE				Client City*	Client State*	Client Zip Code*		AUSTIN	TX	78701		Nature of Client's Business*				REAL ESTATE INVESTMENT/ DEVELOPMENT			
Client Business Address*	Client Apartment or Suite Number																								
905 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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>8509 FM 969</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78724</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">EDUCATION</td></tr></table>	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			
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

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

* 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.

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* GALLEGOS																		
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>5515 BALCONES DRIVE</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>800 W. 6TH</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">TECHNOLOGY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		800 W. 6TH			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			TECHNOLOGY		
Client Business Address*	Client Apartment or Suite Number																		
800 W. 6TH																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
TECHNOLOGY																			

Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>11501 ALTERRA PKWY</td><td colspan="2">STE 100</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>78758</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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																			

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Compensation Category*		(\$) Exact Amount					
less than \$10,000	OR						

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Lobbyist Reporting Form

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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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>500 W. 5TH STREET</td><td colspan="2">STE 700</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		500 W. 5TH STREET	STE 700		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
500 W. 5TH STREET	STE 700																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* ORACLE																		
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>9515 TOWNE CENTRE DR.</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>SAN DIEGO</td><td>CA</td><td>92121</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">SOFTWARE APPLICATIONS</td></tr></table>	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		
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

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

* Indicates a required field

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1440 THE LAKES BLVD</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>PFLUGERVILLE</td><td>TX</td><td>78660</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>111 CONGRESS AVE</td><td colspan="2">STE 1850</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		111 CONGRESS AVE	STE 1850		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION		
Client Business Address*	Client Apartment or Suite Number																		
111 CONGRESS AVE	STE 1850																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION																			

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>11200 LAKELINE BLVD</td><td colspan="2">STE 150 A</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>78717</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 5301 SOUTHWEST PARKWAY Client Apartment or Suite Number STE 200 Client City* AUSTIN Client State* TX Client Zip Code* 78735 Nature of Client's Business* RETAILER

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* less than \$10,000 OR (\$) Exact Amount 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):
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* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* BRICKMAN																		
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>2630 EXPOSITION BLVD</td><td colspan="2">STE 114</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
<div>CLIENT NAME</div> <div><input type="checkbox"/> Client is an individual</div>	<div>Organization Name or Client Last Name, as applicable*</div> <div>CENTURY LAND HOLDINGS LLC</div>
<div>CLIENT ADDRESS AND NATURE OF BUSINESS</div>	<div><div>Client Business Address*</div><div>6500 RIVER PLACE BLVD</div><div>Client City*</div><div>AUSTIN</div><div>Nature of Client's Business*</div><div>REAL ESTATE INVESTMENT/ DEVELOPMENT</div></div> <div><div>Client Apartment or Suite Number</div><div></div><div>Client State*</div><div>TX</div><div>Client Zip Code*</div><div>78730</div></div>

Section 3b:

Client Compensation

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

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



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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>7200 N. MOPAC</td><td colspan="2">STE 450</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>2000 MCKINNEY AVE</td><td colspan="2">STE 100</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75201</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2000 MCKINNEY AVE	STE 100		Client City*	Client State*	Client Zip Code*	DALLAS	TX	75201	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
2000 MCKINNEY AVE	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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE																		
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>111 CONGRESS AVE</td><td colspan="2">STE 3000</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>7200 N. MOPAC</td><td colspan="2">STE 450</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* THE KURCEA COMPANY																		
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>7200 N. MOPAC</td><td colspan="2">STE 450</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
Client Business Address*	Client Apartment or Suite Number																		
7200 N. MOPAC	STE 450																		
Client City*	Client State*	Client Zip Code*																	
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Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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Compensation Category*	OR	(\$) Exact Amount					
less than \$10,000							

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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.

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1717 W. 6TH STREET</td><td colspan="2">STE 400</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">FINANCIAL INSTITUTION</td></tr></table>	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		
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

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 4015 GUADALUPE ST. Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* less than \$10,000 OR (\$) Exact Amount 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):
------------------------	---

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>4407 BEE CAVES RD</td><td colspan="2">STE 421</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>515 CONGRESS AVE</td><td colspan="2">STE 1300</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

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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.

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>515 CONGRESS AVE</td><td colspan="2">STE 1400</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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*
	AUSTIN	TX	78738
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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)(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): <div></div>		

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>701 E. 83RD AVE</td><td colspan="2">STE 17</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>MERRILLVILLE</td><td>IN</td><td>46410</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
Client Business Address*	Client Apartment or Suite Number																		
701 E. 83RD AVE	STE 17																		
Client City*	Client State*	Client Zip Code*																	
MERRILLVILLE	IN	46410																	
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REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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Compensation Category*		(\$) Exact Amount					
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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	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>801 CONGRESS AVE</td><td colspan="2">STE 300</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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																			

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Compensation Category*	OR	(\$) Exact Amount					
less than \$10,000							

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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>P.O. BOX 1876</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>VICTORIA</td><td>TX</td><td colspan="2">77902</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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			
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																									

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Compensation Category*		(\$) Exact Amount					
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Add Another Client Page

Delete this page



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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 646 SOUTH MAIN Client Apartment or Suite Number Client City* SAN ANTONIO Client State* TX Client Zip Code* 78204 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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CLIENT COMPENSATION	Compensation Category* less than \$10,000 OR (\$) Exact Amount 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):
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Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* FASKEN OIL AND RANCH																		
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>3600 BEE CAVES ROAD</td><td colspan="2">STE 200</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3600 BEE CAVES ROAD	STE 200		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
3600 BEE CAVES ROAD	STE 200																		
Client City*	Client State*	Client Zip Code*																	
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Compensation Category*	OR	(\$) Exact Amount					
less than \$10,000							

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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>250 N. HARTFORD AVE</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>COLUMBUS</td><td>OH</td><td>43222</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">TECHNOLOGY</td></tr></table>	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		
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																			

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Compensation Category*		(\$) Exact Amount					
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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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>4001 MAPLE AVENUE</td><td colspan="2">STE 600</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75219</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">HOSPITALITY</td></tr></table>	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		
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

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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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>401 E. CITY AVE</td><td colspan="2">STE 812</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>BALA CYNWYD</td><td>PA</td><td>19004</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		401 E. CITY AVE	STE 812		Client City*	Client State*	Client Zip Code*	BALA CYNWYD	PA	19004	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
401 E. CITY AVE	STE 812																		
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Compensation Category*	OR	(\$) Exact Amount					
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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 24855 DEL PRADO Client Apartment or Suite Number Client City* DANA POINT Client State* CA Client Zip Code* 92629 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* less than \$10,000 OR (\$) Exact Amount 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):
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* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>646 SOUTH MAIN</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>SAN ANTONIO</td><td>TX</td><td colspan="2">78204</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">EDUCATIONAL CENTER</td></tr></table>	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			
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <div>183 BLW, LP</div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* <div>PO BOX 9190</div></div> <div>Client Apartment or Suite Number <div></div></div> <div>Client City* <div>AUSTIN</div></div> <div>Client State* <div>TX</div></div> <div>Client Zip Code* <div>78766</div></div> <div>Nature of Client's Business* <div>REAL ESTATE INVESTMENT/ DEVELOPMENT</div></div>

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<div>Compensation Category* <div>\$0</div></div> <div>(\$) Exact Amount <div></div></div> <div>OR</div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <div></div></div>
------------------------	--

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1601 MOPAC EXPRESSWAY</td><td colspan="2">STE 175</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1601 MOPAC EXPRESSWAY	STE 175		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1601 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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>501 S. AUSTIN AVE</td><td colspan="2">STE 1310</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>GEORGETOWN</td><td>TX</td><td>78626</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">AMBULATORY CARE</td></tr></table>	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		
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

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

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN ACHIEVE 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

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
	\$0		
	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): <div></div>		

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>823 CONGRESS AVE</td><td colspan="2">STE 111</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RELIGIOUS ASSEMBLY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		823 CONGRESS AVE	STE 111		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			RELIGIOUS ASSEMBLY		
Client Business Address*	Client Apartment or Suite Number																		
823 CONGRESS AVE	STE 111																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
RELIGIOUS ASSEMBLY																			

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>4800 SPICEWOOD SPRINGS RD</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78759</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">RESIDENTIAL REAL ESTATE ORGANIZATION</td></tr></table>	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			
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

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>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>700 12TH STREET</td><td colspan="2">STE 220</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>GOLDEN</td><td>CO</td><td>80401</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 4716 ST. JOHN'S DR Client Apartment or Suite Number Client City* DALLAS Client State* TX Client Zip Code* 75205 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* \$0 OR (\$) Exact Amount 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):
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* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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	
	PO 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

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)(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): <div></div>		

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>823 CONGRESS AVE</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78701</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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			
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

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CVR SHORELINE, L.P.																		
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>1601 S. MOPAC EXPRESSWAY</td><td colspan="2">STE D-175</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1601 S. MOPAC EXPRESSWAY	STE D-175		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1601 S. MOPAC EXPRESSWAY	STE 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

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>9606 N. MOPAC EXPRESSWAY</td><td colspan="2">STE 500</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9606 N. MOPAC EXPRESSWAY	STE 500		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
9606 N. MOPAC EXPRESSWAY	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

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>211 E. 7TH STREET</td><td colspan="2">STE 818</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">ADVOCACY ORGANIZATION</td></tr></table>	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		
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>608 AUSTIN CENTER BLVD</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78751</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			608 AUSTIN CENTER BLVD				Client City*	Client State*	Client Zip Code*		AUSTIN	TX	78751		Nature of Client's Business*				REAL ESTATE INVESTMENT/ DEVELOPMENT			
Client Business Address*	Client Apartment or Suite Number																								
608 AUSTIN CENTER BLVD																									
Client City*	Client State*	Client Zip Code*																							
AUSTIN	TX	78751																							
Nature of Client's Business*																									
REAL ESTATE INVESTMENT/ DEVELOPMENT																									

Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>3804 AVENUE B</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78751</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">NON-PROFIT</td></tr></table>	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			
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

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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)(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): <div></div>		

* Indicates a required field

Add Another Client Page

Delete this page



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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* LAMBERT																		
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>1316 S. CONGRESS AVE</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>78704</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1316 S. CONGRESS AVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78704	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1316 S. CONGRESS AVE																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78704																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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	STE 100	
	Client City*	Client State*	Client Zip Code*
	CHICAGO	IL	60601
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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)(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): <div></div>		

* Indicates a required field

Add Another Client Page

Delete this page



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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>248 ADDIE ROY RD</td><td colspan="2">STE C200</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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
	\$0		
	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): <div></div>		

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERITES 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

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CLIENT COMPENSATION	Compensation Category*	OR	(\$) Exact Amount
	\$0		
	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): <div></div>		

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Add Another Client Page

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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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
	\$0		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
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----------------------	--

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 AVE	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

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

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

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CLIENT COMPENSATION	Compensation Category*	OR	(\$) Exact Amount
	\$0		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
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CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* REDDEHASE																		
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>715 GOLF CREST LN</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>78734</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		715 GOLF CREST LN			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78734	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
715 GOLF CREST LN																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78734																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>255 WASHINGTON STREET</td><td colspan="2">STE 300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>NEWTON</td><td>MA</td><td>02458</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		255 WASHINGTON STREET	STE 300		Client City*	Client State*	Client Zip Code*	NEWTON	MA	02458	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
255 WASHINGTON STREET	STE 300																		
Client City*	Client State*	Client Zip Code*																	
NEWTON	MA	02458																	
Nature of Client's Business*																			
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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* RICE																		
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>54 RAINEY ST</td><td colspan="2">#1004</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>PO BOX 9556</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>78766</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		PO BOX 9556			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78766	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
PO 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

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>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>2414 EXPOSITION BLVD</td><td colspan="2">STE B-140</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>4501 SPRINGDALE ROAD</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78723</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">RESTAURANTS</td></tr></table>	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			
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

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>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1550 TIMOTHY ROAD</td><td colspan="2">STE 201</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>ATHENS</td><td>GA</td><td>30606</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
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	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>201 WEST 7TH STREET</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78701</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">HIGHER EDUCATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			201 WEST 7TH STREET				Client City*	Client State*	Client Zip Code*		AUSTIN	TX	78701		Nature of Client's Business*				HIGHER EDUCATION			
Client Business Address*	Client Apartment or Suite Number																								
201 WEST 7TH STREET																									
Client City*	Client State*	Client Zip Code*																							
AUSTIN	TX	78701																							
Nature of Client's Business*																									
HIGHER EDUCATION																									

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



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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>100 CONGRESS AVE</td><td colspan="2">STE 225</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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

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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>2711 N HASKELL AVE</td><td colspan="2">STE 2800</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75204</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">HOSPITALITY</td></tr></table>	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		
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

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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)(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): <div></div>		

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>8133 MESA DR.</td><td colspan="2">#206</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RESTAURANTS</td></tr></table>	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		
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

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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)(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): <div></div>		

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
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* 3901 SPEEDWAY Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 Nature of Client's Business* RELIGIOUS ASSEMBLY

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* \$0 OR (\$) Exact Amount 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):
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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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>420 FIFTH AVENUE</td><td colspan="2">7TH FL</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>NEW YORK</td><td>NY</td><td>10018</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES</td></tr></table>	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		
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

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

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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
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	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>3800 SOUTHWEST FREEWAY</td><td colspan="2">STE 300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>HOUSTON</td><td>TX</td><td>77024</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	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		
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

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>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$0	OR	
Compensation Category*		(\$) Exact Amount					
\$0	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

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

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)(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): <div></div>		

* 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

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CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC																		
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>1 BLACK & GOLD BLVD</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>COLUMBUS</td><td>OH</td><td>43211</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1 BLACK & GOLD BLVD			Client City*	Client State*	Client Zip Code*	COLUMBUS	OH	43211	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1 BLACK & GOLD BLVD																			
Client City*	Client State*	Client Zip Code*																	
COLUMBUS	OH	43211																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$) Exact Amount					
less than \$10,000	OR						

* 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.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* INTREPID EQUITY INVESTMENTS LLC																		
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>8140 N. MOPAC</td><td colspan="2">SUITE 4-145</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		8140 N. MOPAC	SUITE 4-145		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
8140 N. MOPAC	SUITE 4-145																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78759																	
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REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* 2222 CAP. TEXAS, LLC																		
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>9811 KATY FREEWAY I</td><td colspan="2">STE 925</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>HOUSTON</td><td>TX</td><td>77024</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9811 KATY FREEWAY I	STE 925		Client City*	Client State*	Client Zip Code*	HOUSTON	TX	77024	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
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HOUSTON	TX	77024																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

* 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.

NO EMPLOYEES TO REPORT	<input checked="" type="checkbox"/> 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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	Title	First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name*	Suffix		<input type="text"/>	<input type="text"/>		Employer*	Occupation*		<input type="text"/>	<input type="text"/>	
Title	First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name*	Suffix																		
<input type="text"/>	<input type="text"/>																		
Employer*	Occupation*																		
<input type="text"/>	<input type="text"/>																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>	Business Address*	Apartment or Suite Number	<input type="text"/>	<input type="text"/>	City*	State* Zip Code*	<input type="text"/>	<input type="text"/> <input type="text"/>										
Business Address*	Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
City*	State* Zip Code*																		
<input type="text"/>	<input type="text"/> <input type="text"/>																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	<p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	<input type="text"/>	<input type="text"/>														
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		
<input type="text"/>	<input type="text"/>																		

* Indicates a required field

Add Another Employee Page

Delete this page



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 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



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.

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

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



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.

RICHARD SUTTLE

Typed Name

1/10/2018

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.