

Section 1:

Office Use Only

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	Title First Name* David Last Name* Anderson My employer is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employer is registered as a business entity, pays ar behalf Entity/Organization Name* Drenner Group	on fee, and is reporting on my	
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 200 Lee Barton Drive City* Austin	Apartment or S Suite 100 State* TX	Zip Code*
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 200 Lee Barton Drive City* Austin	Apartment or S Suite 100 State* TX	Zip Code*

	☐ 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					
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:					
Check all that apply	☑ January					
	☐ 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.					



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 wunicip	oal Question, click	the Add Additional Municipal Questic	on button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning							
PROPERTY ADDRESS	 ∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 							
OR	11501 Burnet Road	d						
LEGAL DESCRIPTION	City		State	Zip Code				
	Austin		TX	78758				
	Property Legal Des	scription						
	Property Legal Des	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	☐ Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (C	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response				
Annexation		Historic Preservation	Public Util or Recyclii	ities, Energy, Water, Solid Waste, ng				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve	ention	Life Affairs				
Aviation		Human Rights or Immigration	Real Estat	е				
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use	☐ Taxation o	or Fees				
Code Compliance		Municipal Court	Technolog	y or Communications				
Construction		Municipal Legislation	Transport	ation or Mobility				
Contracts or Procurement		☐ Neighborhoods		Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museu	ıms					
Economic Development		Other:						

Add Additional Municipal Question

Delete this page

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Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: **Municipal Question**

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To report more than one Municip	oal Question, click	the "Add /	Additional Municipal Question"	button t	oelow.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Managed Growth A	Agreement					
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number						
OR LEGAL DESCRIPTION	1300 Dittmar St.						
LEGAL DESCRIPTION	City			State		Zip Code	
	Austin			TX		78745	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	iect matters that	apply to th	e municipal question above				
Accessibility or Persons with I	-	Enviro	nmental Matters, Air or Water y, or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)	
Affordability		Financ	e, Budget, or Investments	\boxtimes	Permits (Oth	her)	
☐ Animals			, Healthcare, Mental Health, or n Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Histori	c Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Waste I	
Arts, Music, Film, Cultural or Creative Industries		Hospit Center	ality, Tourism, Events, or Conventio	on 🗌	Quality of Li	ife Affairs	
Aviation		Humar	n Rights or Immigration		Real Estate		
City Infrastructure or Public W	Vorks	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land D	Development or Land Use		Taxation or	Fees	
Code Compliance		Munic	ipal Court		Technology	or Communications	
Construction		Munic	ipal Legislation		Transportat	ion or Mobility	
Contracts or Procurement		☐ Neighb	oorhoods		Zoning or Pl	atting	
Diversity, Equity, or Inclusion		Parks,	Recreation, Libraries, or Museums				
Economic Development		Other:					

Add Additional Municipal Question

Delete this page

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Add Additional Municipal Question

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

To report mere than one mane			taartional Maniolpai Quostion			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning					
PROPERTY ADDRESS	∑ This municipa description is Address	•	pertains to real property. *If ch		either a prop	
OR	603 W. 8th Street			Juite 0	1 Apartment 1	varibei
LEGAL DESCRIPTION						
	City			State		Zip Code
	Austin			TX		78701
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	iost matters that	apply to th	no municipal question above			
Accessibility or Persons with [Enviro	nmental Matters, Air or Water y, or Watershed Protection		Permits (Bui	ilding, Site Plans)
Affordability		Financ	e, Budget, or Investments		Permits (Otl	her)
Animals			ı, Healthcare, Mental Health, or n Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		⊠ Histori	c Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Waste, I
Arts, Music, Film, Cultural or Creative Industries		Hospit Center	ality, Tourism, Events, or Conventio	on _] Quality of Li	fe Affairs
Aviation		Humai	n Rights or Immigration] Real Estate	
City Infrastructure or Public W	Vorks	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land D	Development or Land Use] Taxation or	Fees
Code Compliance		Munic	ipal Court] Technology	or Communications
Construction		Munic	ipal Legislation] Transportat	ion or Mobility
Contracts or Procurement		☐ Neight	oorhoods	\boxtimes] Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks,	Recreation, Libraries, or Museums			
Economic Development		Other				

Delete this page

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Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: **Municipal Question**

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one wunici	pai Question, click	tne	Add Additional Municipal Question 1	button	below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Service Extension Request							
PROPERTY ADDRESS	 ☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 							
OR								
LEGAL DESCRIPTION								
	City			State		Zip Code		
	Property Legal Des	scrin	tion					
				Od Austi	n TV 70740 00) 2 agra Craga Tract		
	biiss spiliai Ru, ivia	ancn	aca, TX 78652 - WK 281 Tract; W FM 1626 I	Ru Austi	11, 17 /0/40-00	5.2 acre Grayy fract		
Subject Matter(s)*: Check all sub	bject matters that	арр	y to the municipal question above					
Accessibility or Persons with	Disabilities		Environmental Matters, Air or Water Quality, or Watershed Protection		Permits (Buil	ding, Site Plans)		
☐ Affordability			Finance, Budget, or Investments		Permits (Oth	er)		
Animals			Health, Healthcare, Mental Health, or Human Services			r, Policy, Fire, EMS, or Planning and Response		
Annexation			Historic Preservation	\boxtimes	Public Utilitie or Recycling	es, Energy, Water, Solid Waste,		
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Conventio Center	n _] Quality of Lif	e Affairs		
Aviation			Human Rights or Immigration] Real Estate			
City Infrastructure or Public \	Works		Labor or Workforce		Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	\boxtimes	Land Development or Land Use] Taxation or F	ees		
Code Compliance			Municipal Court] Technology o	or Communications		
Construction			Municipal Legislation] Transportati	on or Mobility		
Contracts or Procurement			Neighborhoods] Zoning or Pla	atting		
Diversity, Equity, or Inclusion	1		Parks, Recreation, Libraries, or Museums					
Economic Development			Other:					

Add Additional Municipal Question

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* Compatible uses with public parkland This municipal question pertains to real property. *If checked, either a property address description is required. Address Suite or Apartment Number City City State Tip Code Property Legal Description Subject Matter(s)*: Check all subject matters that apply to the municipal question above Accessibility or Persons with Disabilities Environmental Matters, Air or Water Quality, or Watershed Protection Permits (Building, Site Plance)						
description is required. Address OR LEGAL DESCRIPTION City City Property Legal Description 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 Plance)	Compatible uses with public parkland					
OR LEGAL DESCRIPTION City State Zip Code Property Legal Description Subject Matter(s)*: Check all subject matters that apply to the municipal question above Accessibility or Persons with Disabilities Environmental Matters, Air or Water Quality, or Watershed Protection Permits (Building, Site Plance)	ess or legal					
LEGAL DESCRIPTION City Property Legal Description 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 Plance)						
City State Zip Code Property Legal Description Subject Matter(s)*: Check all subject matters that apply to the municipal question above Accessibility or Persons with Disabilities Environmental Matters, Air or Water Quality, or Watershed Protection Permits (Building, Site Plance)						
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 Plance)						
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 Plance)						
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 Plance)						
☐ Accessibility or Persons with Disabilities ☐ Environmental Matters, Air or Water Quality, or Watershed Protection ☐ Permits (Building, Site Plane)						
☐ Accessibility or Persons with Disabilities ☐ Environmental Matters, Air or Water Quality, or Watershed Protection ☐ Permits (Building, Site Plane)						
☐ Accessibility or Persons with Disabilities ☐ Environmental Matters, Air or Water Quality, or Watershed Protection ☐ Permits (Building, Site Plane)						
Quality, or Watershed Protection						
	Plans)					
Affordability Finance, Budget, or Investments Permits (Other)						
Animals Health, Healthcare, Mental Health, or Human Services Public Safety, Policy, Fire Emergency Planning and						
Annexation Historic Preservation Public Utilities, Energy, V or Recycling	Water, Solid Waste					
Arts, Music, Film, Cultural or Creative Industries Hospitality, Tourism, Events, or Convention Quality of Life Affairs						
Aviation Human Rights or Immigration Real Estate						
☐ City Infrastructure or Public Works ☐ Labor or Workforce ☐ Rules, Proposed Rules, or	or Rule Making					
Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees Retirement Systems						
Code Compliance Municipal Court Technology or Communic	nications					
Construction Municipal Legislation Transportation or Mobili	lity					
Contracts or Procurement Neighborhoods Zoning or Platting						
☐ Diversity, Equity, or Inclusion ☐ Parks, Recreation, Libraries, or Museums						
Economic Development Other:						



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To report more than one iviunici	pai Question, click	ıne	Add Additional Municipal Question	button	below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Hill Country Roadway Ordinance						
PROPERTY ADDRESS	 ☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 						
OR							
LEGAL DESCRIPTION							
	City			State		Zip Code	
	Property Legal Des	ccrin	ion				
	Lot 1, Block A, Rob	Roy	360 Subdivision, Lot 5, Block A, Rob Roy P	h 3			
Subject Matter(s)*: Check all sub	ject matters that	appl	y to the municipal question above				
Accessibility or Persons with	Disabilities		Environmental Matters, Air or Water Quality, or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
Affordability			Finance, Budget, or Investments		Permits (Oth	ner)	
Animals			Health, Healthcare, Mental Health, or Human Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Historic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Conventio Center	n 🗌	Quality of Li	fe Affairs	
Aviation			Human Rights or Immigration		Real Estate		
City Infrastructure or Public V	Vorks		Labor or Workforce		Rules, Propo	sed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or		Land Development or Land Use		Taxation or I	Fees	
Code Compliance			Municipal Court		Technology	or Communications	
Construction			Municipal Legislation		Transportati	on or Mobility	
Contracts or Procurement			Neighborhoods		Zoning or Pla	atting	
Diversity, Equity, or Inclusion			Parks, Recreation, Libraries, or Museums				
Economic Development			Other:				

Add Additional Municipal Question

Delete this page

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Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

To report more than one municip	bai Question, click	tile Add Ad	uttoriai iviuriicipai Questiori	button	CIOW.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Housing Finance Corporation Funding							
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address			Suite or	Suite or Apartment Number			
LEGAL DESCRIPTION	3400 Oak Creek Dr							
	City			State	Zip Code			
	Austin			TX	78727			
	Property Legal Des	scription						
0.1								
Subject Matter(s)*: Check all sub	ect matters that		• •					
Accessibility or Persons with I	Disabilities		nental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)			
		Finance,	Budget, or Investments		Permits (Other)			
Animals		Health, H	dealthcare, Mental Health, or fervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		Historic F	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitali Center	ty, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs			
Aviation		Human R	Rights or Immigration		Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	pyment, or	Land Dev	velopment or Land Use		Taxation or Fees			
Code Compliance		Municipa	al Court		Technology or Communications			
Construction		Municipa	al Legislation		Transportation or Mobility			
Contracts or Procurement		Neighbor	rhoods		Zoning or Platting			
Diversity, Equity, or Inclusion		Parks, Re	ecreation, Libraries, or Museums					
Economic Development		Other:						



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To report more than one municip	bai Question, click	tile Add A	duttorial Muricipal Question	button	OCIOVV.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning							
PROPERTY ADDRESS	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address			Suite or	Suite or Apartment Number			
LEGAL DESCRIPTION	1125 Shady Lane							
	City			State	Zip Code			
	Austin			TX	78721			
	Property Legal Des	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)			
Affordability		Finance	, Budget, or Investments		Permits (Other)			
Animals			Healthcare, Mental Health, or 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		Hospital Center	lity, Tourism, Events, or Conventic	on 🗌	Quality of Life Affairs			
☐ Aviation		Human	Rights or Immigration		Real Estate			
City Infrastructure or Public V	Vorks	Labor or	r Workforce		Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land De	velopment or Land Use		Taxation or Fees			
Code Compliance		Municip	al Court		Technology or Communications			
Construction		Municip	al Legislation		Transportation or Mobility			
Contracts or Procurement		Neighbo	orhoods		Zoning or Platting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums					
Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning						
PROPERTY ADDRESS	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.						
OR	Address			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	11920 Wilson Par	k Ave					
223.12 3233.11 113.1	City			State		Zip Code	
	Austin			TX		78726	
	Property Legal De	escription					
	, , , , , , , , , , , , , , , , , , ,						
Subject Matter(s)*: Check all sub	ject matters that	apply to the m	unicipal question above				
Accessibility or Persons with I	Disabilities		ntal Matters, Air or Water Watershed Protection		Permits (Bui	lding, Site Plans)	
Affordability		Finance, Bu	dget, or Investments		Permits (Oth	ner)	
Animals		Health, Health, Health, Human Ser	lthcare, Mental Health, or vices			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Pre	servation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality,	Tourism, Events, or Convention	n 🗌	Quality of Lif	fe Affairs	
Aviation		Human Rigl	nts or Immigration		Real Estate		
City Infrastructure or Public V	Vorks	Labor or W	orkforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Devel	opment or Land Use		Taxation or I	Fees	
Code Compliance		Municipal (Court		Technology	or Communications	
Construction		Municipal L	egislation		Transportati	on or Mobility	
Contracts or Procurement		☐ Neighborho	oods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, Recr	eation, Libraries, or Museums				
Economic Development		Other:					



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Site Plan Approval MUNICIPAL QUESTION* This municipal question pertains to real property. *If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR 7309 S IH-35 SVNB LEGAL DESCRIPTION City State Zip Code Austin TX 78744 **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center 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 Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting

Parks, Recreation, Libraries, or Museums

Other:

Diversity, Equity, or Inclusion

Economic Development



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Brandywine Realty Trust		
	Client Business Address*	Client Apartment or	Suite Number
	111 Congress Ave.	30th Floor	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

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	
COIVIPENSATION	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 in	formation	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Eureka Holdings		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5415 Maple Ave. Client City* Dallas Nature of Client's Business* Real Estate	Client Apartment o 204 Client State* TX	Client Zip Code*

Section 3b:

Client Compensation

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

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

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*			
	Walters Southwest			
CHENT	Client Business Address* 1010 W. Martin Luther Kings Jr Blvd	Client Apartment or	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78701	
NATURE OF	NATURE OF Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

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

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

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	SDC Dittmar, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	2300 South Lamar	106		
CLIENT		L	<u>.</u>	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78704	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

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

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

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Austin Sports and Entertainment, LLC			
QUENT	Client Business Address* 1123 3/4 Henninger Street	Client Apartment o	r Suite Number	
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS] [
AND	Austin	TX	78702	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate/Sports and Recreation			

Section 3b:

Client Compensation

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

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

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* Forestar Group			
21.51.5	Client Business Address* 6300 Bee Cave Rd	Client Apartment of Bldg 2, Suite 500	r Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* Austin	Client State*	Client Zip Code*	
	Nature of Client's Business* Real Estate			

Section 3b:

Client Compensation

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

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

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Elysium Grand			
	Client Business Address* 421 W. 3rd St	Client Apartment or	Suite Number	
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

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

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
If you fail to provide the above Client Compensation information, provide your reason(s) (2		, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	organization Nume of official East Nume, as applicable		
	Barton Creek Capital		
	Client Business Address*	Client Apartment or	Suite Number
OUENT	515 Congress Ave	1515	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b:

Client Compensation

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp	oncation	amount is required
	for compensation totaling \$500,000 or more.	ensation	amount is required
			() (050)
	If you fail to provide the above Client Compensation i	nformation	n, provide your reason(s) (250 char. max):
* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* SAS Institute		
0.151.7	Client Business Address* SAS Campus Dr	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Cary	NC	27513
NATURE OF	Nature of Client's Business*		
BUSINESS	Information Technology		

Section 3b:

Client Compensation

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp	oncation	amount is required
	for compensation totaling \$500,000 or more.	ensation	amount is required
			() (050)
	If you fail to provide the above Client Compensation i	nformation	n, provide your reason(s) (250 char. max):
* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation duri	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is all individual	organization Name of olient East Name, as applicable		
	Huffines Communities		
	Client Business Address*	Client Apartment or	Suite Number
	8200 Douglas Ave	300	
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS	Delles	TV	
AND	Dallas	TX	75225
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b:

Client Compensation

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

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
If you fail to provide the above Client Compensation information, provide your reason(s) (2		, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



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		yed or retained no employees dur	ing the applicable	reporting period
PERSON	Title	First Name*		Middle
EMPLOYED OR	Last Name *		Suffix	
RETAINED	Employer*		Occupation*	
BUSINESS ADDRESS	Business Addre	ess*	Apartment of State*	or Suite Number Zip Code*
MAYOR/COUNCIL RELATIVE OR	Council Mer	n identified above related (within the mber, or a member of their househole the nature of their employment *re	d, as defined in City	Code Section 4-8-6(A)(5)?
HOUSEHOLD MEMBER	First Name of I	Mayor/Council Member	Last Name of Mayo	or/Council Member

* Indicates a required field

Add Another Employee Page

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.



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



Section 6: Expenditure Totals

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

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

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



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.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name,	as applicable*	
AND			
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official	
	If yes, First Name of City Official	Last Name of Cit	y Official
Payee is an individual			
	Department of City Official	Job Title of City (Official
	Payee Address/ PO Box*	Payee Apar	tment or Suite Number
PAYEE			
ADDRESS	Payee City*	Payee State	e* Payee Zip Code*
	(\$) Expenditure Amount * Expendit	ure Date [*] Category [*]	
EXPENDITURE	(,,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DETAILS	Purpose of the Expenditure*		,
	rui pose oi tile Experialture		
Identify each City Official	ha hanafittad fram ar wha	hove been influenced but	o ovnondituro if analicable
- -	ho benefitted from or who may	-	
City Official First Name	City Official Last Name	Department	Job Title

Delete this page

28 Revised: 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

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

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

David J. Anderson	1/8/2018
Typed Name	Report Date*

Electronic Submission and Signature

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

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