



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Office Use Only ☐

Section 1: Cover Sheet

Use this form to:

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

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

LOBBYIST NAME	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Nikelle</td><td>S.</td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>Meade</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		Nikelle	S.	Last Name*	Suffix		Meade		
Title	First Name*	Middle											
	Nikelle	S.											
Last Name*	Suffix												
Meade													
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>111 Congress Avenue</td><td colspan="2">Suite 1400</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		111 Congress Avenue	Suite 1400		City*	State*	Zip Code*	Austin	TX	78701
Permanent Business Street Address*	Apartment or Suite Number												
111 Congress Avenue	Suite 1400												
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>111 Congress Avenue</td><td colspan="2">Suite 1400</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		111 Congress Avenue	Suite 1400		City*	State*	Zip Code*	Austin	TX	78701
Business Mailing Address*	Apartment or Suite Number												
111 Congress Avenue	Suite 1400												
City*	State*	Zip Code*											
Austin	TX	78701											
REPORT TYPE	<p>Report Type*: Check all that apply</p> <table><tr><td><input type="checkbox"/> New Lobbyist Registration</td><td><input checked="" type="checkbox"/> Update Current Lobbyist Registration</td><td><input type="checkbox"/> Annual Renewal of Lobbyist Registration</td><td><input type="checkbox"/> Termination of Lobbyist Registration</td></tr><tr><td><input type="checkbox"/> Quarterly Activity Report: January</td><td><input type="checkbox"/> Quarterly Activity Report: April</td><td><input checked="" type="checkbox"/> Quarterly Activity Report: July</td><td><input type="checkbox"/> Quarterly Activity Report: October</td></tr></table>	<input type="checkbox"/> New Lobbyist Registration	<input checked="" type="checkbox"/> Update Current Lobbyist Registration	<input type="checkbox"/> Annual Renewal of Lobbyist Registration	<input type="checkbox"/> Termination of Lobbyist Registration	<input type="checkbox"/> Quarterly Activity Report: January	<input type="checkbox"/> Quarterly Activity Report: April	<input checked="" type="checkbox"/> Quarterly Activity Report: July	<input type="checkbox"/> Quarterly Activity Report: October				
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<input type="checkbox"/> Quarterly Activity Report: January	<input type="checkbox"/> Quarterly Activity Report: April	<input checked="" type="checkbox"/> Quarterly Activity Report: July	<input type="checkbox"/> Quarterly Activity Report: October										

* Indicates a required field



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Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Argyle Residential, LLC regarding rezoning of three parcels of land.		
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
	3212 E. Cesar Chavez 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Austin Convention Enterprises, Inc. regarding encroachment agreement for an encroachment over city right-of-way.		
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
	500 E. 4th 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Krug Development, Inc. regarding variances to construct new development -- setback, height, compatibility; participation in RSMP.		
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
	2510 S. Congress Avenue		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Lippincott Capital, Ltd. regarding site plan correction and related code compliance.		
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
	1401 Eva Street		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Jesse Lunsford regarding site plan and change of use permit.		
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
	3235 E. Cesar Chavez Street and 1814 E. MLK, Jr. Blvd.		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Pressler RRI, LP regarding site plan and zoning.		
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
	300 & 315 Pressler		
	City	State	Zip Code
	Austin	TX	78703
	Property Legal Description		

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of SKV-Villas regarding public restrictive covenant termination.		
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
	80 Red River 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Synagro-WWT, Inc. regarding waste management issues and biosolids processing.		
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"/>	TX	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Telvending Corp. regarding site plan and use permit.		
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
	2008 Fortview & 4204 Manchaca		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input 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*	Lobbying on behalf of The Trail Foundation regarding site development permit for new bridge.		
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"/>	TX	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

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

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

Add Additional Municipal Question

Delete this page



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Section 2: Municipal Question

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- 1) a specific description of each 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 Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Travis County Healthcare District a/k/a Central Health regarding zoning site 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
	601 E. 15th 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input 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 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of V&S Enterprises regarding zoning and CodeNEXT.		
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
	11444 Manchaca		
	City	State	Zip Code
	Austin	TX	78748
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Victory Medical Center regarding zoning issues.		
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
	2106 & 2108 W. Ben White Blvd.		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Argyle Residential, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1601 S. MoPac Expressway		Suite 160
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78746
	Nature of Client's Business* Developer		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Austin Convention Enterprises, Inc.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	700 Lavaca Street		Suite 940
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78701
	Nature of Client's Business* Convention and Hospitality Management		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Krug Development, Inc.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4866 N. Clark Street		Client Apartment or Suite Number
	Client City* Chicago	Client State* IL	Client Zip Code* 60640
	Nature of Client's Business* Property Owner		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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): Confidential attorney-client privileged.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Lippincott Capital, Ltd.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2322 Townes Lane	Client Apartment or Suite Number 	Client City* Austin
	Client State* TX	Client Zip Code* 78703	Nature of Client's Business* Property Owner

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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): Confidential attorney-client privileged.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title	Client First Name*	Middle
		Jesse	L.
CLIENT ADDRESS AND NATURE OF BUSINESS	Organization Name or Client Last Name, as applicable*		Client Suffix
	Lunsford		
	Client Business Address*		Client Apartment or Suite Number
	3235 E. Cesar Chavez Street		
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78702
	Nature of Client's Business*		
	Property Owner		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(A)(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):		
	Confidential attorney-client privileged.		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Pressler RRI, LP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 Congress Avenue		Suite 1450
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78701
	Nature of Client's Business* Developer		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

Add Another Client Page

Delete this page



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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* SKV-Villas		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	111 Congress Avenue		Suite G-190
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78701
	Nature of Client's Business* Developer		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

Add Another Client Page

Delete this page



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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Synagro-WWT, Inc.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	435 Williams Court		Suite 100
	Client City*	Client State*	Client Zip Code*
	Baltimore	MD	21220
	Nature of Client's Business* Biosolids Processing		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

Add Another Client Page

Delete this page



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Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Telvending Corp.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1617 Watchhill Road		
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78703
	Nature of Client's Business* Property Owner		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0		OR	
	Per City Code Section 4-8-6(A)(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): Confidential attorney-client privileged.			

* Indicates a required field

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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* The Trail Foundation		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. Box 5195	Client Apartment or Suite Number 	Client City* Austin
	Client State* TX	Client Zip Code* 78763	Nature of Client's Business* Non-Profit Corporation

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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): Confidential attorney-client privileged.		

* Indicates a required field

Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Travis County Healthcare District a/k/a Central Health		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1111 E. Cesar Chavez Street	Client Apartment or Suite Number 	
	Client City* Austin	Client State* TX	Client Zip Code* 78702
	Nature of Client's Business* Public District - Health Care		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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): Confidential attorney-client privileged.			

* Indicates a required field

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* V&S Enterprises		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. Box 6110		Client Apartment or Suite Number
	Client City* Austin	Client State* TX	Client Zip Code* 78761
	Nature of Client's Business* Property Owner		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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): Confidential attorney-client privileged.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Victory Medical Center		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4303 Victory Drive		Client Apartment or Suite Number
	Client City* Austin		Client State* TX
	Client Zip Code* 78704		
	Nature of Client's Business* Medical Services		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$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):				
	Confidential attorney-client privileged.				

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

CLIENT NAME	Client Title <input type="text"/>	Client First Name* Wenkai	Middle <input type="text"/>
<input checked="" type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Chen		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 8407 Cambria Drive		Client Apartment or Suite Number <input type="text"/>
	Client City* Austin	Client State* TX	Client Zip Code* 78717
	Nature of Client's Business* Property Owner		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	OR	(\$) Exact Amount <input type="text"/>
	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): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 4: Employee

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

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

PERSON EMPLOYED OR RETAINED	<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*</td><td>Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><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 ACTIVITY

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I have no Client Compensation to report during this activity period (§4-8-6(A)(2)).
- I have no Expenditures for lobbying to report during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Lobbyist Reporting Form

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

Section 6: Expenditure Totals

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

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

EXPENDITURE TOTALS (Blank values will be interpreted as \$0)	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
	(\$) Entertainment	\$0.00
	(\$) Awards and Mementos	\$0.00
	(\$) Honorariums	\$0.00
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



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</div> <div>AND</div> <div>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.

Nikelle S. Meade

Printed/Typed Name

7/10/2017

Report Date*

Electronic Submission and Signature

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

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

Submit this form via e-mail



The Following Report is the Corrected Report for
Meade, Nikelle S.'s July Quarterly Activity Report
Submitted on 1/23/2018



Lobbyist Reporting Form

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

Office Use Only ☐

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	<div>Title</div> <div></div> <div>First Name*</div> <div>Nikelle</div> <div>Middle</div> <div>S.</div> <div>Last Name*</div> <div>Meade</div> <div>Suffix</div> <div></div> <div><input type="checkbox"/> My employer is a 501c(3) non-profit organization</div>
EMPLOYING ENTITY	<div><input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</div>
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<div>Permanent Business Street Address*</div> <div>111 Congress Avenue</div> <div>Apartment or Suite Number</div> <div>Suite 1400</div> <div>City*</div> <div>Austin</div> <div>State*</div> <div>TX</div> <div>Zip Code*</div> <div>78701</div>
LOBBYIST BUSINESS MAILING ADDRESS	<div>Business Mailing Address*</div> <div>111 Congress Avenue</div> <div>Apartment or Suite Number</div> <div>Suite 1400</div> <div>City*</div> <div>Austin</div> <div>State*</div> <div>TX</div> <div>Zip Code*</div> <div>78701</div>

* Indicates a required field



Lobbyist Reporting Form

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

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.



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*	Lobbying on behalf of Argyle Residential, LLC regarding rezoning of three parcels of land.		
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
	3212 E. Cesar Chavez 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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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*	Lobbying on behalf of Austin Convention Enterprises, Inc. regarding encroachment agreement for an encroachment over city right-of-way.		
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
	500 E. 4th 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input 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 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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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*	Lobbying on behalf of Krug Development, Inc. regarding variances to construct new development -- setback, height, compatibility, participation in RSMP.		
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
	2510 S. Congress Avenue		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

Page 5 of 34 Revised: 9/25/2017



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*	Lobbying on behalf of Lippincott Capital, Ltd. regarding site plan correction and related code compliance.		
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
	1401 Eva Street		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input checked="" type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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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*	Lobbying on behalf of Jesse Lunsford regarding site plan and change of use permit.		
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
	3235 E Cesar Chavez and 1814 E MLK Blvd		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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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
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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*	Lobbying on behalf of Pressler RRI, LP regarding site plan and zoning.		
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
	300 & 315 Pressler		
	City	State	Zip Code
	Austin	TX	78703
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of SKV-Villas regarding public restrictive covenant termination.		
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
	80 Red River 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Synagro-WWT, Inc. regarding waste management issues and biosolids processing.		
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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input 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 type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input checked="" type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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 Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Telvending Corp. regarding site plan and use permit.		
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
	2008 Fortview & 4204 Manchaca		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of The Trail Foundation regarding site development permit for new bridge.		
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

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

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Travis County Healthcare District a/k/a Central Health regarding zoning site 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
	601 E. 15th 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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input 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 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of V&S Enterprises regarding zoning and CodeNEXT.		
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
	11444 Manchaca		
	City	State	Zip Code
	Austin	TX	78748
	Property Legal Description		

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> 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*	Lobbying on behalf of Victory Medical Center regarding zoning issues.		
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
	2106 & 2108 W. Ben White Blvd.		
	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 type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input 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 type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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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* <input type="text" value="Argyle Residential, 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><input type="text" value="1601 S. MoPac Expressway"/></td><td colspan="2"><input type="text" value="Suite 160"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78746"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Developer"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1601 S. MoPac Expressway"/>	<input type="text" value="Suite 160"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>	Nature of Client's Business*			<input type="text" value="Developer"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="1601 S. MoPac Expressway"/>	<input type="text" value="Suite 160"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>																	
Nature of Client's Business*																			
<input type="text" value="Developer"/>																			

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><input type="text" value="less than \$10,000"/></td><td>OR</td><td colspan="2"><input type="text"/></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> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>							

* 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 Convention Enterprises, 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>700 Lavaca Street</td><td colspan="2">Suite 940</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">Convention and Hospitality Management</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		700 Lavaca Street	Suite 940		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Convention and Hospitality Management		
Client Business Address*	Client Apartment or Suite Number																		
700 Lavaca Street	Suite 940																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Convention and Hospitality Management																			

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* <input type="text" value="Krug Development, 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><input type="text" value="4866 N. Clark Street"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Chicago"/></td><td><input type="text" value="IL"/></td><td><input type="text" value="60640"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="4866 N. Clark Street"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60640"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="4866 N. Clark Street"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60640"/>																	
Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

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><input type="text" value="less than \$10,000"/></td><td>OR</td><td colspan="2"><input type="text"/></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> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>							

* 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* <input type="text" value="Lippincott Capital, 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><input type="text" value="2322 Townes Lane"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78703"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="2322 Townes Lane"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="2322 Townes Lane"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>																	
Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

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><input type="text" value="less than \$10,000"/></td><td>OR</td><td colspan="2"><input type="text"/></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> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>							

* 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	Client Title	Client First Name*	Middle
		Jesse	L.
<input checked="" type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable*	Client Suffix	
	Lunsford		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	3235 E. Cesar Chavez Street		
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78702
	Nature of Client's Business*		
	Property Owner		

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
	less than \$10,000	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):		

* 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* Pressler RRI, LP																		
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 Avenue</td><td colspan="2">Suite 1450</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">Developer</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		100 Congress Avenue	Suite 1450		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Developer		
Client Business Address*	Client Apartment or Suite Number																		
100 Congress Avenue	Suite 1450																		
Client City*	Client State*	Client Zip Code*																	
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Nature of Client's Business*																			
Developer																			

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* SKV-Villas																		
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 Avenue</td><td colspan="2">Suite G-190</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">Developer</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		111 Congress Avenue	Suite G-190		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Developer		
Client Business Address*	Client Apartment or Suite Number																		
111 Congress Avenue	Suite G-190																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Developer																			

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						
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Add Another Client Page

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or Quarterly Activity Reporting

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* Synagro-WWT, 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>435 Williams Court</td><td colspan="2">Suite 100</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Baltimore</td><td>MD</td><td>21220</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Biosolids Processing</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		435 Williams Court	Suite 100		Client City*	Client State*	Client Zip Code*	Baltimore	MD	21220	Nature of Client's Business*			Biosolids Processing		
Client Business Address*	Client Apartment or Suite Number																		
435 Williams Court	Suite 100																		
Client City*	Client State*	Client Zip Code*																	
Baltimore	MD	21220																	
Nature of Client's Business*																			
Biosolids Processing																			

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

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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* Telvending Corp.																		
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>1617 Watchhill Road</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Property Owner</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1617 Watchhill Road			Client City*	Client State*	Client Zip Code*	Austin	TX	78703	Nature of Client's Business*			Property Owner		
Client Business Address*	Client Apartment or Suite Number																		
1617 Watchhill Road																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78703																	
Nature of Client's Business*																			
Property Owner																			

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



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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* <input type="text" value="The Trail Foundation"/>																		
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><input type="text" value="P.O. Box 5195"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78763"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Non-Profit Corporation"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="P.O. Box 5195"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78763"/>	Nature of Client's Business*			<input type="text" value="Non-Profit Corporation"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="P.O. Box 5195"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78763"/>																	
Nature of Client's Business*																			
<input type="text" value="Non-Profit Corporation"/>																			

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><input type="text" value="less than \$10,000"/></td><td>OR</td><td colspan="2"><input type="text"/></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> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>							

* Indicates a required field

Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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

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

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 County Healthcare District a/k/a Central 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>1111 E. Cesar Chavez Street</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>78702</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Public District - Health Care</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1111 E. Cesar Chavez Street			Client City*	Client State*	Client Zip Code*	Austin	TX	78702	Nature of Client's Business*			Public District - Health Care		
Client Business Address*	Client Apartment or Suite Number																		
1111 E. Cesar Chavez Street																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78702																	
Nature of Client's Business*																			
Public District - Health Care																			

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						

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Add Another Client Page

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Section 3: Client

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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* V&S Enterprises																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>P.O. Box 6110</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>78761</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Property Owner</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		P.O. Box 6110			Client City*	Client State*	Client Zip Code*	Austin	TX	78761	Nature of Client's Business*			Property Owner		
Client Business Address*	Client Apartment or Suite Number																		
P.O. Box 6110																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78761																	
Nature of Client's Business*																			
Property Owner																			

Section 3b: Client Compensation

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

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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* Victory Medical 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>4303 Victory 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>78704</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Medical Services</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4303 Victory Drive			Client City*	Client State*	Client Zip Code*	Austin	TX	78704	Nature of Client's Business*			Medical Services		
Client Business Address*	Client Apartment or Suite Number																		
4303 Victory Drive																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78704																	
Nature of Client's Business*																			
Medical Services																			

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>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 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	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
	(\$) Entertainment	\$0.00
	(\$) Awards and Mementos	\$0.00
	(\$) Honorariums	\$0.00
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 7: Expenditure

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

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

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

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

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

34 Revised: 9/25/2017



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.

Nikelle S. Meade

Typed Name

1/23/2018

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.