

XML

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	Title First Name* Glen Glen Last Name* Coleman My employer is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employer is registered as a business entity, pays a behalf	n entity registrati	on fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 2521 Elara Drive City* Austin	Apartment or State* TX	Suite Number Zip Code* 78725
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* PO Box 49444 City* Austin	Apartment or State* TX	Suite Number Zip Code* 78765



	I am registering as a new lobbyist
	I am renewing my annual lobbyist registration
	I am updating my current registration information outside of a Quarterly Activity Reporting Period
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
Check all that apply	January 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. \Box



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*	Parking Variance			
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☑ This municipal description is r Address 1304 W 49th Street		ecked, either a pro Suite or Apartment	
LEGAL DESCRIPTION	City		State	Zip Code
	Austin		ТХ	78756
	Property Legal Desc	cription	-	
Subject Matter(s)*: Check all sub	ject matters that a	pply to the municipal question above		
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ulding, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (Of	her)
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	Public Utili or Recyclin	ies, Energy, Water, Solid Waste, g

Hospitality, Tourism, Events, or Convention

Aviation	Human Rights or Immigration	🔀 Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	Land Development or Land Use	Taxation or Fees
Code Compliance	Municipal Court	Technology or Communications
	Municipal Legislation	Transportation or Mobility
Contracts or Procurement	Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums	
Economic Development	Other:	

Center

Arts, Music, Film, Cultural or

Creative Industries

Delete this page

Quality of Life Affairs



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*	Code Compliance/F	ines/City Legal			
PROPERTY ADDRESS OR	description is Address			d, either a prope e or Apartment Nu	
LEGAL DESCRIPTION	1127 & 1205 E 52n	d St			
	City		State	е	Zip Code
	Austin		ТХ		78723
	Property Legal Des	cription			
Subject Matter(s)*: Check all sub	ject matters that a	apply to the municipal question	on above		
Accessibility or Persons with I	Disabilities	Discrete Contential Matters, Air Quality, or Watershed Prote		Permits (Build	ding, Site Plans)
Affordability		Finance, Budget, or Investm	ents	Permits (Othe	er)
Animals		Health, Healthcare, Mental Human Services	Health, or		Policy, Fire, EMS, or anning and Response
Annexation		Historic Preservation		Public Utilitie or Recycling	s, Energy, Water, Solid Waste,

Hospitality, Tourism, Events, or Convention

Creative Industries	Center	
Aviation	Human Rights or Immigration	🔀 Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	Land Development or Land Use	Taxation or Fees
Code Compliance	Municipal Court	Technology or Communications
Construction	Municipal Legislation	Transportation or Mobility
Contracts or Procurement	Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums	
Economic Development	Other:	

Add Additional Municipal Question

Arts, Music, Film, Cultural or

 \square

Delete this page

Quality of Life Affairs



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*	Annexation			
PROPERTY ADDRESS	This municip description is	al question pertains to real property. *If ch s required.	necked, either a	property address or legal
OR	Address		Suite or Apartn	nent Number
LEGAL DESCRIPTION	3605 Stoneridge	Dr		
LEGAL DESURIF HON	City		State	Zip Code
	Austin		ТХ	78746
	Property Legal De	escription		
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permit	ts (Building, Site Plans)
Affordability		Finance, Budget, or Investments	🔀 Permit	ts (Other)
Animals		Health, Healthcare, Mental Health, or Human Services		Safety, Policy, Fire, EMS, or ency Planning and Response
Annexation		Historic Preservation	Public or Rec	Utilities, Energy, Water, Solid Waste, ycling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on 🗌 Quality	y of Life Affairs
Aviation		Human Rights or Immigration	Real E	state
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules,	Proposed Rules, or Rule Making

Civil Service, Municipal Employment, or Retirement Systems	Land Development or Land Use
Code Compliance	Municipal Court
	Municipal Legislation
Contracts or Procurement	Neighborhoods
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums

Other:

Add Additional Municipal Question

Economic Development

Delete this page

Taxation or Fees

Zoning or Platting

Technology or Communications

Transportation or Mobility



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*	Zoning/Watershed/Compliance/Feasibility			
PROPERTY ADDRESS	 This municipal question pertains to real property. *If ch description is required. Address 	ecked, either a prop Suite or Apartment N	5	
OR LEGAL DESCRIPTION	7715 Delwau			
LEGAL DESCRIPTION	City	State	Zip Code	
	Austin	ТХ	78725	
	Property Legal Description			
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above			
Accessibility or Persons with I	Disabilities Environmental Matters, Air or Water	Permits (Bui	lding, Site Plans)	

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

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Permitting, Watershed Protection			
PROPERTY ADDRESS	This municipal question pertains to real property. *If ch description is required.			
	Address	Suite or Apartment N	lumber	
OR	5319 I-35			
LEGAL DESCRIPTION				
	City	State	Zip Code	
	Austin	ТХ	78723	
	Property Legal Description			
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above			

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Historic Landmark Commision				
PROPERTY ADDRESS	☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.				
OR	Address		Suite or A	Suite or Apartment Number	
LEGAL DESCRIPTION	300 Colorado St				
	City		State	1	Zip Code
	Austin		тх		78751
	Property Legal De	escription			
Contract Marthau (1)* Other de all and					
Subject Matter(s) : Check all sub	oject matters that	apply to the municipal question above			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	F F	Permits (Buil	lding, Site Plans)
Affordability		Finance, Budget, or Investments	F	Permits (Oth	ner)
Animals		Health, Healthcare, Mental Health, or Human Services			۲, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conventio Center	in 🗌 (Quality of Lif	fe Affairs
Aviation		Human Rights or Immigration	F	Real Estate	
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Development or Land Use	ז 🗌	Taxation or F	Fees
Code Compliance		Municipal Court	П 1	rechnology of	or Communications

Municipal Legislation

Parks, Recreation, Libraries, or Museums

Neighborhoods

Other:

Construction

Contracts or Procurement

Diversity, Equity, or Inclusion

Economic Development

Delete this page

Transportation or Mobility

Zoning or Platting



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning					
PROPERTY ADDRESS	 This municipa description is Address 		estion pertains to real property. *If ch uired.		d, either a pro e or Apartment	
OR LEGAL DESCRIPTION	3524 Gonzales					
LEGAL DESURIF HON	City			Stat	e	Zip Code
	Austin			ТΧ		78702
	Property Legal Des	scrip	tion			
Subject Matter(s)*: Check all sub	ject matters that	арр	ly to the municipal question above			
Accessibility or Persons with	Disabilities		Environmental Matters, Air or Water Quality, or Watershed Protection		Permits (Bu	ilding, Site Plans)
Affordability			Finance, Budget, or Investments		Permits (Ot	her)
Animals			Health, Healthcare, Mental Health, or Human Services			ry, Policy, Fire, EMS, or Planning and Response
Annexation			Historic Preservation		Public Utilit	ies, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Conventio Center	n	Quality of L	ife Affairs
Aviation			Human Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks		Labor or Workforce		Rules, Prop	osed Rules, or Rule Making

Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums
Economic Development	Other:

Land Development or Land Use

Municipal Court

Neighborhoods

Municipal Legislation

Civil Service, Municipal Employment, or

Retirement Systems Code Compliance

Contracts or Procurement

Construction

Delete this page

Taxation or Fees

Zoning or Platting

Technology or Communications

Transportation or Mobility



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning, Watershed Protection			
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If checked, either a property address or lega description is required. Address Suite or Apartment Number 12219 Waters Park 			
	City Austin	State TX	Zip Code 78759	
	Property Legal Description			
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above			
Accessibility or Persons with Disabilities Environmental Matters, Air or Water Quality, or Watershed Protection Permits (Building, Site Plans)				

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

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning				
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address or legal description is required.				
	Address		Suite or Apartment N	Number	
OR LEGAL DESCRIPTION	6901 Bluff Springs	s Road			
LEGAL DESCRIPTION	City		State	Zip Code	
	Austin	Г	тх	78744	
	Property Legal De	escription			
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utiliti or Recycling	ies, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	, , ,		
Aviation		Human Rights or Immigration	🗌 Real Estate		
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making	

Land Development or Land Use

Parks, Recreation, Libraries, or Museums

Taxation or Fees
Technology or Communications

Zoning or Platting

Transportation or Mobility

Diversity, Equity, or Inclusion

Add Additional Municipal Question

Contracts or Procurement

Economic Development

Civil Service, Municipal Employment, or

Retirement Systems Code Compliance

Construction

Other:

Municipal Court

Neighborhoods

Municipal Legislation

Delete this page



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* Riverside Resources			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 100 Congress Avenue Client City* Austin Nature of Client's Business* Real Estate Development	Client Apartment of 1450 Client State* TX	Client Zip Code [*]	

Section 3b: Client Compensation

Г

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

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

Page 12 of 30 Revised: 9/25/2017



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME 🔀 Client is an individual	Client Title Client First Name* Anmol Organization Name or Client Last Name, as applicable*	Client Suffix	Middle		
	Mehra]		
	Client Business Address* 79 Chandler Street	Client Apartmer	nt or Suite Number		
CLIENT	Client City*	Client State*	Client Zip Code*		
ADDRESS	Boston	MA	02116		
NATURE OF	Nature of Client's Business*				
BUSINESS	Real Estate				

Section 3b: Client Compensation

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

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact composition totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicatos a required field	4		

^{*} Indicates a required field

Add Another Client Page

Delete this page

Page 13 of 30 Revised: 9/25/2017



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*			
	Austin 3C Ventures			
	Client Business Address* 100 Congress Avenue	Client Apartment of 1450	r Suite Number	
CLIENT	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b: Client Compensation

Г

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

CLIENT	Compensation Category*	1	(\$) Exact Amount		
	less than \$10,000	OR			
COMPENSATION		-			
	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):				
* Indicator a required field					

* Indicates a required field

Add Another Client Page

Delete this page

Page 14 of 30 Revised: 9/25/2017



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable [*] Greenstar Development		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO box 5645 Client City* Austin Nature of Client's Business* Real Estate	Client Apartment or Client State*	r Suite Number Client Zip Code*

Section 3b: Client Compensation

Г

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

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

Indicates a required field

Add Another Client Page

Delete this page

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Section 3a: Client Information

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* BarCZAR			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 12219 Waters Road Client City* Austin Nature of Client's Business* Real Estate	Client Apartment of Client State*	r Suite Number Client Zip Code [*] 78759	

Section 3b: Client Compensation

Г

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

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

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Section 3a: Client Information

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3839 Bee Caves Road Client City* Westlake Nature of Client's Business* Real Estate	Client Apartment or Client State*	r Suite Number Client Zip Code [*] 78746

Section 3b: Client Compensation

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

CLIENT	Compensation Category*]	(\$) Exact Amount	
	\$10,000 - \$24,999	OR		
COMPENSATION	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):			
* Indiantos o roquirod fio				

* Indicates a required field

Add Another Client Page

Delete this page

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Section 3a: Client Information

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Organization Name or Client Last Name, as applicable*		
	422 Bastrop Highway Lmt.		
CLIENT	Client Business Address* 3839 Bee Caves	Client Apartment or Suite 200	
ADDRESS AND NATURE OF	Client City* Westlake Nature of Client's Business*	Client State*	Client Zip Code*
BUSINESS	Real Estate		

Section 3b: Client Compensation

Г

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

CLIENT	Compensation Category*	1	(\$) Exact Amount		
	less than \$10,000	OR			
COMPENSATION		-			
	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):				
* Indicator a required field					

* Indicates a required field

Add Another Client Page

Delete this page

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Organization Name or Client Last Name, as applicable *		
	Organization Name or Client Last Name, as applicable* Buda Bluff LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3839 Bee Caves Road Client City* Westlake Nature of Client's Business* Real Estate	Client Apartment or Suite 200 Client State *	Client Zip Code *

Section 3b: Client Compensation

Г

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

CLIENT	Compensation Category*	1	(\$) Exact Amount		
	less than \$10,000	OR			
COMPENSATION		-			
	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):				
* Indicator a required field					

* Indicates a required field

Add Another Client Page

Delete this page

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME 🔀 Client is an individual	Client Title Client First Name* Noah Organization Name or Client Last Name, as applicable*	Client Suffix	Middle	
	Zimmerman]	
	Client Business Address* 9890 Bodega Hwy.	Client Apartmen	t or Suite Number	
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	Sebastopol	СА	95472	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b: Client Compensation

Г

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

	Compensation Category*		(\$) Exact Amount
CLIENT	\$25,000 - \$49,999	OR	
COMPENSATION	L	1	
	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a required field			

^{*} Indicates a required field

Add Another Client Page

Delete this page

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* Danly Properties		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11940 Jollyville Rd. Client City* Austin Nature of Client's Business* Real Estate	Client Apartment of 300-S Client State*	r Suite Number Client Zip Code*

Section 3b: Client Compensation

Г

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation a	mount is <mark>required</mark>
	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

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
CLIENT ADDRESS AND NATURE OF	Naqib Webbe Client Business Address* 5902 Mountain Villa Dr Client City* Austin Nature of Client's Business*	Client Apartment o	r Suite Number Client Zip Code [*] 78731
BUSINESS	Real Estate		

Section 3b: Client Compensation

Г

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

CLIENT	Compensation Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION		-	
	Per City Code Section 4-8-6(A)(j), the exact composition totaling \$500,000 or more.		
* Indicator a required field			

* Indicates a required field

Add Another Client Page

Delete this page

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
CLIENT ADDRESS AND NATURE OF BUSINESS	Delwau LLC Client Business Address* 2521 Spring Lane Client City* Austin Nature of Client's Business* Real Estate	Client Apartment of Client State*	r Suite Number Client Zip Code [*] 78703

Section 3b: Client Compensation

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

CLIENT	Compensation Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION		-	
	Per City Code Section 4-8-6(A)(j), the exact composition totaling \$500,000 or more.		
* Indicator a required field			

* Indicates a required field

Add Another Client Page

Delete this page

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

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

NO EMPLOYEES TO REPORT	I employed or retained no employees during	the applicable re	porting period
PERSON EMPLOYED	Title First Name* John Last Name *	Suffix	Middle
OR	Laycock		
	Employer* South Llano Strategies	Occupation* Researcher	
BUSINESS ADDRESS	Business Address* PO box 49444 City* Austin	Apartment or Contract of the second s	Suite Number Zip Code* 78756
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	 Is the person identified above related (within the thin Council Member, or a member of their household, as If yes, describe the nature of their employment *require First Name of Mayor/Council Member 	defined in City Co	de Section 4-8-6(A)(5)? x is checked

* Indicates a required field

Add Another Employee Page

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

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

NO EMPLOYEES TO REPORT	I employed or retained no employees during	the applicable re	porting period
PERSON	Title First Name*		Middle
EMPLOYED	Last Name * Quist	Suffix	
RETAINED	Employer* South Llano Strategies	Occupation*	
BUSINESS ADDRESS	Business Address* PO box 49444 City* Austin	Apartment or Contract State* TX	Suite Number Zip Code* 78756
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	 Is the person identified above related (within the thin Council Member, or a member of their household, as If yes, describe the nature of their employment *require First Name of Mayor/Council Member 	s defined in City Co	de Section 4-8-6(A)(5)? x is checked
		IST INGULE OF IVIAYOF	

* Indicates a required field

Add Another Employee Page

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

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



STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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



Section 6: Expenditure Totals

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

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

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values	(\$) Honorariums	\$0.00
will be interpreted as \$0)	(\$) 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



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	Organization Name or Payee Last Name, as applicable*	/ Official
	If yes, First Name of City Official	Last Name of City Official
Payee is an individual		
	Department of City Official	Job Title of City Official
PAYEE	Payee Address/ PO Box*	Payee Apartment or Suite Number
ADDRESS	Payee City*	Payee State* Payee Zip Code*
EXPENDITURE DETAILS	(\$) Expenditure Amount * Expenditure Date *	Category*

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



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.

Glen	Coleman
Cici	Coleman

Typed Name

1/22/2017

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.