

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Office Use Only

#### 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*  Lynn Ann  Last Name*  CARLEY  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*	¬ —	Apartment or Suite Number			
PERMANENT BUSINESS	100 CONGRESS AVE	STE 1300	STE 1300			
STREET ADDRESS	City*	State*	Zip Code*			
STREET ADDRESS	AUSTIN	TX	78701			
	Business Mailing Address*	Apartment or	Suite Number			
LOBBYIST	100 CONGRESS AVE	STE 1300				
BUSINESS MAILING ADDRESS	City*	State*	Zip Code*			
ADDKESS	AUSTIN	TX	78701			

	☐ 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.						



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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 municip	bai Question, ciici	tile Auu Au	attional Municipal Question	button k	CIOW.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is		rtains to real property. *If ch				
OR	Address			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	70 PASCAL LANE						
	City			State		Zip Code	
	AUSTIN			TX		78746	
	Property Legal De	scription					
	Traperty Legal Le	<b></b>					
Subject Matter(s)*: Check all sub	ject matters that	apply to the r	nunicipal question above				
Accessibility or Persons with I	Disabilities		ental Matters, Air or Water r Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)	
		Finance, E	Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
Animals		Health, H	ealthcare, Mental Health, or ervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
Annexation			reservation		Public Utilities, Energy, Water, Solid W or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitalit Center	y, Tourism, Events, or Conventio	n 🗌	Quality of Life Affairs		
Aviation		Human Ri	ghts or Immigration	$\boxtimes$	□ Real Estate		
	Vorks	Labor or \	<b>Vorkforce</b>	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land Deven	elopment or Land Use	$\boxtimes$	Taxation or	Fees	
		Municipa Municipa	Court		Technology	or Communications	
		Municipa Municipa	Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbor	hoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, Rec	creation, Libraries, or Museums				
Economic Development		Other:					



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

Human Services Emergency Planning and Respons	To report more than one municip	bai Question, click	tile Add A	duttional Municipal Question	button	JCIOW.		
Address   Suite or Apartment Number		ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
OR LEGAL DESCRIPTION  Tation  City  AUSTIN  Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above  Accessibility or Persons with Disabilities  Environmental Matters, Air or Water Ouality, or Watershed Protection  Affordability  Affordability  Finance, Budget, or Investments  Permits (Building, Site Plans)  Animals  Health, Health, Healthcare, Mental Health, or Human Services  Annexation  Ants, Music, Film, Cultural or Creative Industries  Hospitality, Tourism, Events, or Convention Center  Aviation  Human Rights or Immigration  Real Estate  City Infrastructure or Public Works  Labor or Workforce  Retirement Systems  Code Compliance  Municipal Employment, or Retirement Systems  Municipal Legislation  Municipal Legislation  Parks, Recreation, Libraries, or Museums	PROPERTY ADDRESS	description is		pertains to real property. *If ch				
City State Zip Code	OR				Suite or	Apartment	Number	
Austin Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above	LEGAL DESCRIPTION	721 CONGRESS AV	/E					
Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above    Accessibility or Persons with Disabilities   Environmental Matters, Air or Water Quality, or Watershed Protection   Permits (Building, Site Plans)		City			State		Zip Code	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above    Accessibility or Persons with Disabilities   Environmental Matters, Air or Water Quality, or Watershed Protection   Permits (Building, Site Plans)		AUSTIN			TX		78701	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above    Accessibility or Persons with Disabilities   Environmental Matters, Air or Water Quality, or Watershed Protection   Permits (Building, Site Plans)		Property Legal De	scription					
□ 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 Respons         □ Annexation       □ Historic Preservation       □ Public Utilities, Energy, Water, So or Recycling         □ Arts, Music, Film, Cultural or Creative Industries       □ Hospitality, Tourism, Events, or Convention       □ Quality of Life Affairs         □ Aviation       □ Human Rights or Immigration       □ Real Estate         □ Cityl Infrastructure or Public Works       □ Labor or Workforce       □ Rules, Proposed Rules, or Rule Material Returns or Fees         □ 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			•					
Quality, or Watershed Protection  Affordability  Finance, Budget, or Investments  Permits (Other)  Animals  Health, Health, Healthcare, Mental Health, or Human Services  Annexation  Arts, Music, Film, Cultural or Creative Industries  Aviation  Human Rights or Immigration  Aviation  Human Rights or Immigration  Cityl Infrastructure or Public Works  Labor or Workforce  Cityl Infrastructure or Public Works  Land Development or Land Use  Code Compliance  Municipal Court  Municipal Legislation  Municipal Legislation  Public Safety, Policy, Fire, EMS, or Emergency Planning and Respons  Public Utilities, Energy, Water, So or Recycling  Quality of Life Affairs  Quality of Life Affairs  Public Vitilities, Energy, Water, So or Recycling  Quality of Life Affairs  Labor or Workforce  Real Estate  Cityl Infrastructure or Public Works  Labor or Workforce  Aviation  Taxation or Fees  Taxation or Fees  Taxation or Fees  Taxation or Fees  Taxation or Foes  Aviation  Municipal Legislation  Transportation or Mobility  Contracts or Procurement  Neighborhoods  Parks, Recreation, Libraries, or Museums	Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
☐ Animals       ☐ Health, Healthcare, Mental Health, or Human Services       ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Respons         ☐ Annexation       ☐ Historic Preservation       ☐ Public Utilities, Energy, Water, So 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 Material Rules, or Rule Material Rules, or Rule Material Rules, Proposed Rules, or Rules, Proposed Rules, Proposed Rules, Propos	Accessibility or Persons with I	Disabilities			$\boxtimes$	Permits (Bui	ilding, Site Plans)	
Human Services    Annexation   Historic Preservation   Public Utilities, Energy, Water, So or Recycling				, Budget, or Investments	$\boxtimes$	Permits (Oth	her)	
☐ 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 Marketirement Systems         ☐ 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	Animals					Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
☐ Creative Industries       ☐ Center       ☐ Contracts or Procurement       ☐ Contracts or Museums	Annexation			Preservation	$\boxtimes$	Public Utilities, Energy, Water, Solid W or Recycling		
				lity, Tourism, Events, or Conventic	on 🗌	Quality of Life Affairs		
□ 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	Aviation		☐ Human	Rights or Immigration				
Retirement Systems  Code Compliance  Municipal Court  Technology or Communications  Municipal Legislation  Transportation or Mobility  Contracts or Procurement  Neighborhoods  Zoning or Platting  Parks, Recreation, Libraries, or Museums	City Infrastructure or Public W	/orks	Labor or	r Workforce		Rules, Propo	osed Rules, or Rule Making	
<ul> <li>Construction</li> <li>☐ Municipal Legislation</li> <li>☐ Transportation or Mobility</li> <li>☐ Contracts or Procurement</li> <li>☐ Neighborhoods</li> <li>☐ Zoning or Platting</li> <li>☐ Diversity, Equity, or Inclusion</li> <li>☐ Parks, Recreation, Libraries, or Museums</li> </ul>		yment, or	∠ Land Dealer	velopment or Land Use		Taxation or	Fees	
<ul> <li>☐ Contracts or Procurement</li> <li>☐ Neighborhoods</li> <li>☐ Zoning or Platting</li> <li>☐ Diversity, Equity, or Inclusion</li> <li>☐ Parks, Recreation, Libraries, or Museums</li> </ul>	Code Compliance		Municip	al Court		Technology	or Communications	
<ul> <li>☑ Diversity, Equity, or Inclusion</li> <li>☑ Parks, Recreation, Libraries, or Museums</li> </ul>			Municip	al Legislation		Transportati	ion or Mobility	
	Contracts or Procurement		Neighbo	orhoods		Zoning or Pla	atting	
Economic Development Other:			Parks, R	ecreation, Libraries, or Museums				
			Other:					



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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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*    This municipal question pertains to real property. *If checked, either a property address	
PROPERTY ADDRESS OR LEGAL DESCRIPTION  City  City  State  Zip Code  Address  Suite or Apartment Number  (City  AUSTIN  Property Legal Description  Environmental Matters, Air or Water Ouality, or Watershed Protection  Affordability  Affordability  Finance, Budget, or Investments  Finance, Budget, or Investments  Permits (Building, Site Pinance, Budget, or Investments)  Animals  Health, Health, Health, or Human Services  Annexation  Annexation  Arts, Music, Film, Cultural or Creative Industries  Aviation  Human Rights or Immigration  Aviation  Human Rights or Immigration  Real Estate  City Infrastructure or Public Works  Labor or Workforce  Municipal Court  Municipal Court  Technology or Communicating or Platting  Contracts or Procurement  Neighborhoods  Zoning or Platting	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above	ess or legal
City State Zip Code AUSTIN TX 78724  Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above  Accessibility or Persons with Disabilities Environmental Matters, Air or Water Quality, or Watershed Protection Permits (Building, Site Plant) Affordability Finance, Budget, or Investments Permits (Other)  Animals Health, Healthcare, Mental Health, or Human Services Public Utilities, Energy, Nor Recycling Arts, Music, Film, Cultural or Creative Industries Hospitality, Tourism, Events, or Convention Quality of Life Affairs  Aviation Human Rights or Immigration Real Estate  City Infrastructure or Public Works Labor or Workforce Relation Relation Texastion Texastion Texastion Texastion Texastion or Fees Retirement Systems  Code Compliance Municipal Employment, or Municipal Legislation Transportation or Mobil  Contracts or Procurement Neighborhoods Zoning or Platting	
AUSTIN  Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above  Accessibility or Persons with Disabilities  Affordability  Affordability  Finance, Budget, or Investments  Permits (Building, Site Pleability, or Watershed Protection  Animals  Health, Healthcare, Mental Health, or Human Services  Annexation  Arts, Music, Film, Cultural or Creative Industries  Aviation  Hospitality, Tourism, Events, or Convention Center  Aviation  Human Rights or Immigration  Real Estate  Cityl Infrastructure or Public Works  Labor or Workforce  Rules, Proposed Rules, or Rectirement Systems  Code Compliance  Municipal Legislation  Transportation or Mobil  Contracts or Procurement  Neighborhoods	
Property Legal Description  Subject Matter(s)*: Check all subject matters that apply to the municipal question above  Accessibility or Persons with Disabilities  Affordability  Affordability  Finance, Budget, or Investments  Permits (Building, Site Picuality, or Watershed Protection  Affordability  Finance, Budget, or Investments  Permits (Other)  Animals  Health, Healthcare, Mental Health, or Human Services  Historic Preservation  Arts, Music, Film, Cultural or Creative Industries  Aviation  Human Rights or Immigration  Real Estate  City Infrastructure or Public Works  Labor or Workforce  City Infrastructure or Public Works  Land Development or Land Use Retirement Systems  Code Compliance  Municipal Legislation  Transportation or Mobil  Contracts or Procurement  Neighborhoods	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above    Accessibility or Persons with Disabilities   Environmental Matters, Air or Water Quality, or Watershed Protection   Permits (Building, Site Plant)	
□ Accessibility or Persons with Disabilities       □ Environmental Matters, Air or Water Quality, or Watershed Protection       □ Permits (Building, Site Production)         □ Affordability       □ Finance, Budget, or Investments       □ Permits (Other)         □ Animals       □ Health, Healthcare, Mental Health, or Human Services       □ Public Safety, Policy, Fire Emergency Planning and Emergency Planning and 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         □ Cityl Infrastructure or Public Works       □ Labor or Workforce       □ Rules, Proposed Rules, or Retirement Systems         □ Code Compliance       □ Municipal Court       □ Technology or Communication         □ Construction       □ Municipal Legislation       □ Transportation or Mobility         □ Contracts or Procurement       □ Neighborhoods       □ Zoning or Platting	
□ Accessibility or Persons with Disabilities       □ Environmental Matters, Air or Water Quality, or Watershed Protection       □ Permits (Building, Site Production)         □ Affordability       □ Finance, Budget, or Investments       □ Permits (Other)         □ Animals       □ Health, Healthcare, Mental Health, or Human Services       □ Public Safety, Policy, Fire Emergency Planning and Emergency Planning and 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         □ Cityl Infrastructure or Public Works       □ Labor or Workforce       □ Rules, Proposed Rules, or Retirement Systems         □ Code Compliance       □ Municipal Court       □ Technology or Communication         □ Construction       □ Municipal Legislation       □ Transportation or Mobility         □ Contracts or Procurement       □ Neighborhoods       □ Zoning or Platting	
Accessibility of Persons with Disabilities          Quality, or Watershed Protection	
□ Animals       □ Health, Healthcare, Mental Health, or Human Services       □ Public Safety, Policy, Fire Emergency Planning and Public Utilities, Energy, Vor Recycling         □ Annexation       □ Historic Preservation       □ Public Utilities, Energy, Vor 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 Retirement Systems         □ Code Compliance       □ Municipal Development or Land Use       □ Taxation or Fees         □ Code Compliance       □ Municipal Court       □ Technology or Communication         □ Construction       □ Municipal Legislation       □ Transportation or Mobil         □ Contracts or Procurement       □ Neighborhoods       □ Zoning or Platting	Plans)
Human Services  Human Services  Emergency Planning and Public Utilities, Energy, Vor Recycling  Arts, Music, Film, Cultural or Creative Industries  Hospitality, Tourism, Events, or Convention Center  Aviation  Human Rights or Immigration  Real Estate  City Infrastructure or Public Works  Labor or Workforce  Rules, Proposed Rules, or Retirement Systems  Code Compliance  Municipal Court  Municipal Legislation  Transportation or Mobil  Contracts or Procurement  Neighborhoods  Emergency Planning and Public Utilities, Energy, Vor Recycling  Public Utilities, Energy, Vo	
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 Retirement Systems         ☐ Code Compliance       ☐ Municipal Court       ☐ Technology or Communication or Mobil         ☐ Construction       ☐ Municipal Legislation       ☐ Transportation or Mobil         ☐ Contracts or Procurement       ☐ Neighborhoods       ☐ Zoning or Platting	
☐ Creative Industries       ☐ Center       ☐ Cudality of Life Alfalis         ☐ Aviation       ☐ Human Rights or Immigration       ☐ Real Estate         ☐ City Infrastructure or Public Works       ☐ Labor or Workforce       ☐ Rules, Proposed Rules, or Religency Proposed Rules, or Retirement Systems         ☐ Code Compliance       ☐ Municipal Court       ☐ Technology or Communication or Mobil         ☐ Construction       ☐ Municipal Legislation       ☐ Transportation or Mobil         ☐ Contracts or Procurement       ☐ Neighborhoods       ☐ Zoning or Platting	Water, Solid Waste,
☐ City Infrastructure or Public Works       ☐ Labor or Workforce       ☐ Rules, Proposed Rules, or Rules, Proposed Rules, Proposed Rules, or Rules, Proposed Rules, or Rules, Proposed Rules, or Rules, Proposed Rules, or Rules, Proposed Rul	
<ul> <li>Civil Service, Municipal Employment, or Retirement Systems</li> <li>□ Code Compliance</li> <li>□ Municipal Court</li> <li>□ Technology or Communication</li> <li>□ Construction</li> <li>□ Municipal Legislation</li> <li>□ Transportation or Mobil</li> <li>□ Contracts or Procurement</li> <li>□ Neighborhoods</li> <li>□ Zoning or Platting</li> </ul>	
Retirement Systems  Code Compliance  Municipal Court  Technology or Communi  Municipal Legislation  Transportation or Mobil  Contracts or Procurement  Neighborhoods	or Rule Making
<ul> <li>         ☐ Construction         ☐ Municipal Legislation         ☐ Transportation or Mobil         ☐ Contracts or Procurement         ☐ Neighborhoods         ☐ Zoning or Platting         ☐ Zoning or Platting         ☐ Contracts or Procurement         ☐ Neighborhoods         ☐ Neighborhoods         ☐ Zoning or Platting         ☐ Contracts or Procurement         ☐ Neighborhoods         ☐ Neighborhoods         ☐ Zoning or Platting         ☐ Neighborhoods         ☐ Neighbo</li></ul>	
☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting	nications
	ility
□ Diversity, Equity, or Inclusion     □ Parks, Recreation, Libraries, or Museums	
Economic Development Other:	



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# Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*  PROPERTY ADDRESS OR LEGAL DESCRIPTION  Subject Matter(s)*: Check all sub		ELATED TO LAND DEVELOPMENT  oal question pertains to real property. *		
OR LEGAL DESCRIPTION  Subject Matter(s)*: Check all sub		oal question pertains to real property. *	16 - L J J J. J. J	
LEGAL DESCRIPTION  Subject Matter(s)*: Check all sub	Address			
Subject Matter(s)*: Check all sub	4300 STAGGERBR	DIISH DOAD	Suite or Apartment	Number
		NOSIT NOAD		
	City		State	Zip Code
	AUSTIN		TX	78749
	Property Legal De	escription		
Accessibility or Persons with I	ject matters that	t apply to the municipal question above		
	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)
			Permits (0	ther)
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response
Annexation			Public Utili or Recyclin	ties, Energy, Water, Solid Waste, g
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention	Life Affairs
Aviation		Human Rights or Immigration		3
	Vorks	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land Use		r Fees
Code Compliance		Municipal Court	Technolog	y or Communications
		Municipal Legislation		tion or Mobility
Contracts or Procurement		Neighborhoods		Platting
		Parks, Recreation, Libraries, or Museu	ıms	
⊠ Economic Development				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is		ertains to real property. *If c				
OR	Address			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	710 WEST AVE						
	City			State		Zip Code	
	AUSTIN			TX		78701	
	Property Legal De	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs	
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate		
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees	
		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportati	on or Mobility	
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is		ertains to real property. *If c				
OR	Address	DINIOC DD		Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	COLTON BLUFF SF	RINGS RD					
	City			State		Zip Code	
	AUSTIN			TX		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	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)	
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
☐ Animals		Health, I	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic	Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Wast	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion _	Quality of Li	fe Affairs	
Aviation		Human I	Rights or Immigration	$\boxtimes$	Real Estate		
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De      ∠ Land De   ∠ Land De  ∠ Land	velopment or Land Use	$\boxtimes$	Taxation or	Fees	
		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	3			
Economic Development		Other:					



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*			EVELOPMENT								
	1—	pal guestion perta			ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	Address		ins to real property. *If che								
OR	6500 RR 2222			Suite of	Apartment N	iumbei					
LEGAL DESCRIPTION											
	City			State		Zip Code					
	AUSTIN			TX		78730					
	Property Legal D	escription									
Subject Matter(s)*: Check all su	ıbject matters tha	t apply to the mur	nicipal question above								
Accessibility or Persons with	n Disabilities		al Matters, Air or Water atershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)					
☐ Affordability		Finance, Bud	get, or Investments	$\boxtimes$	Permits (Oth	ner)					
☐ Animals		Health, Healt Human Servi	hcare, Mental Health, or ces		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response						
Annexation		Historic Prese	ervation	$\boxtimes$	Public Utilities, Energy, Water, Solid Water or Recycling						
Arts, Music, Film, Cultural o Creative Industries	r	Hospitality, T Center	ourism, Events, or Convention		Quality of Life Affairs						
Aviation		Human Right	s or Immigration	$\boxtimes$							
City Infrastructure or Public	Works	Labor or Wor	kforce	$\boxtimes$	Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Emp Retirement Systems	loyment, or	∠ Land Develop	oment or Land Use	$\boxtimes$	Taxation or I	Fees					
Code Compliance		Municipal Co	urt		Technology	or Communications					
		Municipal Leg	gislation	$\boxtimes$	Transportati	on or Mobility					
Contracts or Procurement		Neighborhoo	ds	$\boxtimes$	Zoning or Pla	atting					
Diversity, Equity, or Inclusio	n	Parks, Recrea	ition, Libraries, or Museums								
Economic Development		Other:									



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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<u>'</u>	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop	
OR	2300 CLOUD WAY				- Apartment	varibei
LEGAL DESCRIPTION				J L		7. 0 1
	City			State		Zip Code
	AUSTIN			TX		78759
	Property Legal Des	cription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convent	ion 🔲	Quality of Li	fe Affairs
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	] Taxation or	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbo     Neighbo	orhoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S		
⊠ Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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<u> </u>							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c				
OR	NW QUADRANT O	E DEADCE I N	8. WOLE IN INT		r Apartment N	iumbei	
LEGAL DESCRIPTION		I FLARUL LIN	& WOLI LIVIIVI				
	City			State		Zip Code	
	CEDAR CREEK			TX		78612	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic	Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs	
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land De	velopment or Land Use	$\boxtimes$	Taxation or	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pl	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
⊠ Economic Development		Other:					



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To report more than one municip	Jai Question, click	tile Add A	aditional ividilicipal Question	Dutton L	CIOW.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT			
PROPERTY ADDRESS	description is		ertains to real property. *If ch			
OR	Address			Suite or	Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal De	scription				
	LOT 1, PLEASANT		SION			
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
Animals		Health, Human	Healthcare, Mental Health, or Services			y, 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		Hospital Center	ity, Tourism, Events, or Conventio	on 🗌	Quality of Lit	fe Affairs
Aviation		Human	Rights or Immigration		Real Estate	
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees
		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	on or Mobility
Contracts or Procurement		Neighbo     Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or description is required.								
OR	Address			Suite or	Apartment Number				
LEGAL DESCRIPTION									
	City			State	Zip Code				
	Property Legal De	escription							
	MCCORMICK RAI	NCH ON LAKE AUS	STIN						
Subject Matter(s)*: Check all sul	bject matters tha	t apply to the m	unicipal question above						
Accessibility or Persons with	Disabilities	Environme Quality, or	ntal Matters, Air or Water Watershed Protection	$\boxtimes$	Permits (Building, Site Plans)				
★ Affordability		Finance, Bu	udget, or Investments	$\boxtimes$	Permits (Other)				
Animals		Health, He	althcare, Mental Health, or vices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response				
Annexation		Historic Pro	eservation	$\boxtimes$	Public Utilities, Energy, Water, Solid Waste or Recycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality Center	, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs				
Aviation		Human Rig	hts or Immigration	$\boxtimes$	Real Estate				
	Works	Labor or W	/orkforce	$\boxtimes$	Rules, Proposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development     ∠ Land Develo	lopment or Land Use	$\boxtimes$	Taxation or Fees				
		Municipal	Court		Technology or Communications				
		Municipal	Legislation	$\boxtimes$	Transportation or Mobility				
Contracts or Procurement		Neighborh	oods	$\boxtimes$	Zoning or Platting				
Diversity, Equity, or Inclusion	1	Parks, Recr	reation, Libraries, or Museums						
		Other:							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipal description is		f checked, either a pro	checked, either a property address or legal				
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION	220 S. CONGRESS	AVE						
	City		State	Zip Code				
	AUSTIN		TX	78701				
	Property Legal Des	escription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
		Finance, Budget, or Investments	Permits (O	ther)				
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation			Public Utili or Recyclin	ties, Energy, Water, Solid Waste, g				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve	ntion	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				
Civil Service, Municipal Emplo Retirement Systems	pyment, or	□ Land Development or Land Use	∑ Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
		Municipal Legislation		tion or Mobility				
Contracts or Procurement		Neighborhoods		Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ms					
⊠ Economic Development		Other:						



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· · · · · · · · · · · · · · · · · · ·							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municip	oal question pertains to real property. *I s required.	f checked, either a pro	perty address or legal			
OR	Address		Suite or Apartment	Number			
LEGAL DESCRIPTION	823 CONGRESS A	VE					
ELGAL DEGGAM FIGH	City		State	Zip Code			
	AUSTIN		TX	78701			
	Property Legal De	escription					
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above					
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)			
			Permits (01	ther)			
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response			
Annexation			Public Utilit or Recyclin	ties, Energy, Water, Solid Waste, g			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention Quality of L	ife Affairs			
Aviation		Human Rights or Immigration	Real Estate				
	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or		∑ Taxation or	Fees			
		Municipal Court	Technology	y or Communications			
		Municipal Legislation		tion or Mobility			
Contracts or Procurement		Neighborhoods		Platting			
		Parks, Recreation, Libraries, or Museu	ıms				
		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS			ertains to real property. *If ch		either a property address or legal  Apartment Number			
OR								
LEGAL DESCRIPTION	City			State	Zip Code			
	Property Legal De	escription			[			
	PEARSON PLACE							
Subject Matter(s)*: Check all su	higgs matters that	annly to the	municipal question above					
Subject Matter(s) : Check all Su	bject matters mai		• •					
Accessibility or Persons with	Disabilities	Environm Quality, o	ental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Building, Site Plans)			
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Other)			
Animals		Health, H	ealthcare, Mental Health, or ervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		⊠ Historic P	reservation	$\boxtimes$	Public Utilities, Energy, Water, Solid Waste or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitalit	ty, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs			
Aviation		☐ Human R	ights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public	Works	Labor or	Workforce	$\boxtimes$	Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Dev	elopment or Land Use	$\boxtimes$	Taxation or Fees			
		Municipa Municipa	l Court		Technology or Communications			
		Municipa Municipa	l Legislation	$\boxtimes$	Transportation or Mobility			
Contracts or Procurement		Neighbor     Neighbor	hoods	$\boxtimes$	Zoning or Platting			
□ Diversity, Equity, or Inclusion	1	Parks, Re	creation, Libraries, or Museums					
		Other:						



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	·		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If c		either a prop	, c	
OR	8701 MOPAC EXPR	RESSWAY			, apartmont is		
LEGAL DESCRIPTION				C+-+-		7: 0- d-	
	City			State TX		Zip Code	
				] ['^		78759	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventi	on	Quality of Lif	fe Affairs	
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate		
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Def	evelopment or Land Use	$\boxtimes$	Taxation or I	Fees	
Code Compliance		Municip	pal Court		Technology	or Communications	
○ Construction		Municip	oal Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
⊠ Economic Development		Other:					



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<u>'</u>	•		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municipa description is		ertains to real property. *If c		either a prop		
OR	308 GUADALUPE S	TREET					
LEGAL DESCRIPTION	City			」 State		Zip Code	
	AUSTIN			TX		78701	
				] [''		70701	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection		Permits (Bui	lding, Site Plans)	
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🗌	Quality of Li	fe Affairs	
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbor     Neighbor	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S			
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

### Section 2: **Municipal Question**

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ro roport more than one manien	our Eucotion, onon	1110 714471	aditional Maniolpal Education	Duttonk	30.011.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	☐ This municipa description is Address		pertains to real property. *If ch	f checked, either a property address or legal  Suite or Apartment Number				
OR	1800 WESTLAKE PA	22/		Juite of	7 par america	varibei		
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78746		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)		
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Wast		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convention	on	Quality of Li	fe Affairs		
☐ Aviation		☐ Human	Rights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public V	Vorks	Labor o	r Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Decomposition	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums					
Economic Development		Other:						



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# Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT									
PROPERTY ADDRESS	I — ·	This municipal question pertains to real property. *If checked, either a property address or legal description is required.								
OR	Address		Suite or Apartment	Number						
LEGAL DESCRIPTION	5810 STEINER RAN	NCH								
220/12 2200/11/110/12	City		State	Zip Code						
	AUSTIN		TX	78732						
	Property Legal De	scription								
		•								
Subject Matter(s)*: Check all suk	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)						
		Finance, Budget, or Investments	Permits (Ot	her)						
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ry, Policy, Fire, EMS, or Planning and Response						
Annexation			Public Utilit or Recycling	ies, Energy, Water, Solid Waste, J						
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on   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						
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use		Fees						
		Municipal Court	Technology	or Communications						
		Municipal Legislation		tion or Mobility						
Contracts or Procurement		Neighborhoods	Zoning or P	latting						
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums								
⊠ Economic Development		Other:								



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ro roport more than one manion	our Eucotion, onon	1110 714471	aditional Maniolpal Education	Dutton	3010111		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is Address		pertains to real property. *If ch		either a prop	, c	
OR	7200 MOPAC EXPR	ESSWAY					
LEGAL DESCRIPTION	City			State		Zip Code	
	AUSTIN			TX		78731	
						70731	
	Property Legal Des	cription					
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)	
		Finance	, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convention	on 🗌	Quality of Li	fe Affairs	
□ Aviation		☐ Human	Rights or Immigration	$\boxtimes$	Real Estate		
City Infrastructure or Public W	Vorks	Labor o	r Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land Decomposition     ∠ Land Decom	evelopment or Land Use		Taxation or I	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		⊠ Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums				
Economic Development		Other:					



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

<u> </u>	•		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is		ertains to real property. *If c					
OR	610 E. 11TH STREE	T / 705 E 12	TU CTDEET	Suite of	Suite or Apartment Number			
LEGAL DESCRIPTION	OIUE. IIIII SIKEE	1 / 703 E. 12	ITT SIKEET					
	City			State		Zip Code		
	AUSTIN			TX		78701		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🗀	Quality of Li	fe Affairs		
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5				
⊠ Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipal description is		ertains to real property. *If c					
OR		AD		Suite of	Apartment N	lumber		
LEGAL DESCRIPTION	6001 AIRPORT RO	AD						
	City			State		Zip Code		
	AUSTIN			TX		78752		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environn Quality,	nental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
Animals		Health, H	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic F	Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospitali Center	ty, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs		
Aviation		Human R	Rights or Immigration	$\boxtimes$	Real Estate			
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Devel     ∠ Land Devel	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
		Municipa	al Court		Technology	or Communications		
		Municipa	al Legislation	$\boxtimes$	Transportati	ion or Mobility		
Contracts or Procurement		Neighbor	rhoods	$\boxtimes$	Zoning or Pla	atting		
		Parks, Re	ecreation, Libraries, or Museums	5				
Economic Development		Other:						



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To Toport Moro than one Manier	our Eucotion, onci	tine maant	autional maniopal edestion		70.0111				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	☐ This municipates description is		either a prop	erty address or legal					
OR	Address			Suite or	Apartment N	lumber			
LEGAL DESCRIPTION									
	City			State		Zip Code			
	Property Legal De	scription							
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above						
Accessibility or Persons with I	Disabilities	Environr Quality,	nental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)			
Affordability			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)			
Animals		Health, I	Healthcare, Mental Health, or Services			, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic	Preservation	$\boxtimes$	Public Utilitie or Recycling	es, Energy, Water, Solid Waste			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventio	n 🗌	Quality of Lif	fe Affairs			
Aviation		Human I	Rights or Immigration	$\boxtimes$	Real Estate				
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Propo	sed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees			
		Municip	al Court		Technology	or Communications			
		Municip	al Legislation	$\boxtimes$	Transportati	on or Mobility			
Contracts or Procurement		Neighbo     Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums						
Economic Development		Other:	CODENEXT						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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ro roport more than one manion	our Question, ener	1110 714471	dartional indinoipal education	Duttonk	3010111					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	This municipa description is Address		pertains to real property. *If ch		either a prop	, o				
OR	425 W. RIVERSIDE									
LEGAL DESCRIPTION		_				7: 0 1				
	City			State		Zip Code				
	AUSTIN			TX		78704				
	Property Legal Des	cription					_			
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	e municipal question above							
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)				
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)				
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response				
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	ies, Energy, Water, Solid Was	te,			
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	on	Quality of Life Affairs					
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate					
City Infrastructure or Public W	Vorks	Labor o	r Workforce	$\boxtimes$	Rules, Proposed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land Defended	evelopment or Land Use	$\boxtimes$	Taxation or I	Fees				
Code Compliance		Municip	oal Court		Technology	or Communications				
		Municip	oal Legislation	$\boxtimes$	Transportati	ion or Mobility				
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting				
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums							
Economic Development		Other:								



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<u>'</u>	•								
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAI	ND DEVELOPMENT						
PROPERTY ADDRESS	description is	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.       ☐ Suite or Apartment Number							
OR	916 CONGRESS				Suite or Apartment Number				
LEGAL DESCRIPTION	9 TO CONGRESS								
	City			State		Zip Code			
	AUSTIN			TX		78701			
	Property Legal Des	cription							
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above						
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)			
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)			
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response			
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste			
☐ Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convent	ion _	Quality of Life Affairs				
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate				
City Infrastructure or Public V	Vorks	Labor o	r Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land Dealer	evelopment or Land Use	$\boxtimes$	Taxation or I	Fees			
Code Compliance		Municip	oal Court		Technology	or Communications			
		Municip	oal Legislation	$\boxtimes$	Transportati	ion or Mobility			
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum:	S					
⊠ Economic Development		Other:							



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If c		either a prop	
OR	1112 S. 8TH STREE	 Т			- Apartmont I	Turnio i
LEGAL DESCRIPTION				C+-+-		7:- C- d-
	City			State TX		Zip Code
				] [1		78702
	Property Legal Des	cription				
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Wast
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion 🗌	Quality of Life Affairs	
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	] Taxation or	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbor     Neighbor	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S		
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description is	'						
OR	Address 304 E. CESAR CHAV				Suite or Apartment Number			
LEGAL DESCRIPTION	304 E. CESAR CHAN	/CZ						
	City			State		Zip Code		
	AUSTIN			TX		78701		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to t	he municipal question above					
Accessibility or Persons with I	Disabilities	⊠ Envir Quali	onmental Matters, Air or Water ty, or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			ce, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
Animals			h, Healthcare, Mental Health, or an Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			ric Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		☐ Hosp Cente	itality, Tourism, Events, or Conventi er	on _	Quality of Li	fe Affairs		
Aviation		☐ Huma	an Rights or Immigration	$\boxtimes$	Real Estate			
	Vorks	Laboi	or Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land	Development or Land Use	$\boxtimes$	] Taxation or I	Fees		
Code Compliance		☐ Muni	cipal Court		Technology	or Communications		
		☐ Muni	cipal Legislation	$\boxtimes$	] Transportati	ion or Mobility		
Contracts or Procurement		⊠ Neigh	nborhoods	$\boxtimes$	] Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks	, Recreation, Libraries, or Museums	i				
⊠ Economic Development		Othe	r:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	This municipal description is		ertains to real property. *If c					
OR		IO STREET			Suite or Apartment Number			
LEGAL DESCRIPTION	1901 SAN ANTON	IIO STREET						
	City			State		Zip Code		
	AUSTIN			TX		78705		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	nental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
Animals		Health, I	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	$\boxtimes$	Public Utilities, Energy, Water, Solid or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Life Affairs			
☐ Aviation		Human I	Rights or Immigration	$\boxtimes$	Real Estate			
	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	$\boxtimes$	Transportati	on or Mobility		
Contracts or Procurement		Neighbor     Neighbor	rhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	i				
Economic Development		Other:						



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			<b>'</b>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is		ertains to real property. *If cl					
OR	Address				Suite or Apartment Number			
LEGAL DESCRIPTION	S. CONGRESS AND	D RALPH ABLENADO						
	City			State		Zip Code		
	AUSTIN	AUSTIN				78701		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Accessibility or Persons with Disabilities		nental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
Animals		Health, H	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic	Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Life Affairs			
Aviation		Human F	Rights or Immigration	$\boxtimes$	Real Estate			
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Der	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
		Municipa	al Court		Technology	or Communications		
		Municipa	al Legislation	$\boxtimes$	Transportati	on or Mobility		
Contracts or Procurement		Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, Re	ecreation, Libraries, or Museums					
Economic Development		Other:						



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to report more than one municip	pai Question, click	tile Add A	aditional Municipal Question	button	CIOW.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT				
PROPERTY ADDRESS	☐ This municipa description is		ertains to real property. *If cl		either a prop Apartment N	, ,	
OR		AUGHTER AND IH-35			7 par timent 14		
LEGAL DESCRIPTION						7in Codo	
	AUSTIN			State TX		Zip Code 78745	
				<u> </u>		70745	
	Property Legal Des	cription					
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Buil	ding, Site Plans)	
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Oth	er)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			r, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid	l Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Lif	e Affairs	
☐ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	sed Rules, or Rule Mak	ing
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De	velopment or Land Use	$\boxtimes$	Taxation or F	ees	
Code Compliance		Municip	al Court		Technology of	or Communications	
		Municip	al Legislation	$\boxtimes$	Transportation	on or Mobility	
Contracts or Procurement		⊠ Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums				
Economic Development		Other:					



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<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is	<ul> <li>This municipal question pertains to real property. *If checked, either a property address or legal description is required.</li> <li>Address</li> <li>Suite or Apartment Number</li> </ul>						
OR	5210 N LAMAR BL\	/D			ПАрагипент	idilibei		
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78751		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion 🗌	Quality of Life Affairs			
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility		
Contracts or Procurement		Neighbor     Neighbor	rhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						



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

	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT		
PROPERTY ADDRESS	description is		ertains to real property. *If ch		either a property address or legal
OR	Address			Suite or	Apartment Number
LEGAL DESCRIPTION					
	City			State	Zip Code
	Property Legal Des	cription			
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above		
Accessibility or Persons with I	Disabilities	Environr Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Building, Site Plans)
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Other)
Animals		Health, I	Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation		Historic	Preservation	$\boxtimes$	Public Utilities, Energy, Water, Solid Waste or Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospital   Center	ity, Tourism, Events, or Conventio	on	Quality of Life Affairs
Aviation		Human I	Rights or Immigration	$\boxtimes$	Real Estate
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or Fees
Code Compliance		Municip	al Court	$\boxtimes$	Technology or Communications
		Municip	al Legislation	$\boxtimes$	Transportation or Mobility
Contracts or Procurement		Neighbo	rhoods		Zoning or Platting
∑ Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums		
		Other:	INTERACTIVE WAYFINDING TE	CHNOLO	OGY



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description is	·						
OR	Address 413 NAVASOTA				Guite or Apartment Number			
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78702		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that	apply to	the municipal question above					
Accessibility or Persons with [	Disabilities	Env Qua	vironmental Matters, Air or Water ality, or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
		⊠ Fina	ance, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
Animals			alth, Healthcare, Mental Health, or man Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		⊠ His	toric Preservation	X	Public Utilition or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries			spitality, Tourism, Events, or Conventic nter	on 🗀	Quality of Lif	fe Affairs		
Aviation		☐ Hui	man Rights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public W	Vorks	Lab	oor or Workforce	$\boxtimes$	Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	⊠ Lan	nd Development or Land Use	$\boxtimes$	] Taxation or I	Fees		
Code Compliance		☐ Mu	inicipal Court		] Technology	or Communications		
		☐ Mu	inicipal Legislation	$\boxtimes$	Transportati	on or Mobility		
Contracts or Procurement		⊠ Nei	ighborhoods	$\times$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Par	ks, Recreation, Libraries, or Museums					
Economic Development		Oth	ner:					



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

	•		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REI	ATED TO LAI	ND DEVELOPMENT				
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop		
OR	8212 BARTON CLU	B DR		]			
LEGAL DESCRIPTION				Ctata		7in Codo	
	City			State TX		Zip Code 78735	
				] ['^		76733	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)	
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid Wast	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventi	ion 🔲	Quality of Life Affairs		
Aviation		Human	Rights or Immigration		Real Estate		
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Def	evelopment or Land Use		Taxation or I	Fees	
Code Compliance		Municip	oal Court		Technology	or Communications	
○ Construction		Municip	oal Legislation	$\boxtimes$	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
Economic Development		Other:					



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.

<u>'</u>	· · · · · · · · · · · · · · · · · · ·							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is	·						
OR	Address				Suite or Apartment Number			
LEGAL DESCRIPTION	OLD HWY 20							
	City			State		Zip Code		
	MANOR			TX		78653		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🔲	Quality of Life Affairs			
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use		Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility		
Contracts or Procurement		⊠ Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						

9/25/2017



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

<u>'</u>	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAI	ND DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop	
OR	E. STATE HWY 71				- Apartmont	14111201
LEGAL DESCRIPTION				C+-+-		7in Code
	City DEL VALLE			State TX		Zip Code 78617
				] [1^		78017
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above			
Accessibility or Persons with I	Disabilities	⊠ Environ Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	ies, Energy, Water, Solid Was
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convent	ion	Quality of Li	fe Affairs
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land Dealer     ∠ L	evelopment or Land Use	$\boxtimes$	] Taxation or	Fees
Code Compliance		Municip	pal Court		] Technology	or Communications
		Municip	oal Legislation	$\boxtimes$	Transportat	ion or Mobility
Contracts or Procurement		⊠ Neighbo	orhoods	$\boxtimes$	Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, R	Recreation, Libraries, or Museums	S		
⊠ Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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- 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

	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT			
PROPERTY ADDRESS	description is		ertains to real property. *If o			
OR	Address			Suite o	r Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal Des	cription				
		-	AIN VIEW & PT LOT 1 & LOT 2 BE	I VINI M F	SLIBU 8. VBC 8	
	LOT 1-2 BER A ALL	MAIN WOON	AIN VIEW & FILOT T& LOT 2 DE	LVIIVIVI L	3000 & AD3 0	0 30K 73 BELE AL AGK 10.0010
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	nental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
		∑ Finance,	Budget, or Investments	$\times$	Permits (Oth	ner)
Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	X	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion _	Quality of Li	fe Affairs
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	] Taxation or I	Fees
		Municip	al Court		] Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbo     Neighbo	rhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum	S		
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF	MAJOR LEAG	UE SOCCER STADIUM AND RELA	TED PRAC	TICE FACILITIE	S
PROPERTY ADDRESS	☐ This municipa description is		ertains to real property. *If c		either a prop	, c
OR	Audi ess				Apartment	
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal Des	scription				
		·				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
Affordability			Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation	$\boxtimes$	Public Utilities or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Lit	fe Affairs
☐ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo	yment, or		velopment or Land Use	$\boxtimes$	Taxation or I	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	on or Mobility
Contracts or Procurement		Neighbor     Neighbor	rhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	6		
Economic Development		Other:				



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

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

<u> </u>	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is		ertains to real property. *If c		either a prop	
OR	12971 POND SPRIN	IGS ROAD			- Apartment	
LEGAL DESCRIPTION				J L		7. 0. 1
	City			State		Zip Code
	AUSTIN			TX		78729
	Property Legal Des	cription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
		Finance,	Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🔲	Quality of Li	fe Affairs
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or I	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S		
⊠ Economic Development		Other:				



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# Section 2: Municipal Question

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<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If c			
OR	508 WEST AVENUE	<u> </u>			r Apartment N	vumbei
LEGAL DESCRIPTION	306 WEST AVENUE	-				
	City			State		Zip Code
	AUSTIN			TX		78701
	Property Legal Des	cription				
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	ilding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion 🗌	Quality of Li	fe Affairs
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	6		
Economic Development		Other:				



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

<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop	
OR	5521 Springdale Ro	oad		]		
LEGAL DESCRIPTION	City			」∟ State		Zip Code
	AUSTIN			TX		78723
				] [		70723
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection		Permits (Bui	ilding, Site Plans)
		Finance	, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Wast
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion 🗀	Quality of Li	fe Affairs
□ Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	$\boxtimes$	Taxation or	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	$\boxtimes$	Transportati	ion or Mobility
Contracts or Procurement		Neighbo     Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5		
⊠ Economic Development		Other:				



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

	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	description is		pertains to real property. *If c			
OR	Address			Suite oi	r Apartment N	Jumber
LEGAL DESCRIPTION	6301 FM 2222					
	City			State		Zip Code
	Austin			TX		78737
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	$\boxtimes$	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion 🗌	Quality of Lit	fe Affairs
☐ Aviation		☐ Human	Rights or Immigration	$\boxtimes$	Real Estate	
	Vorks	Labor or	r Workforce	$\boxtimes$	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Dealer     ∠ L	velopment or Land Use	$\boxtimes$	Taxation or I	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation		Transportati	ion or Mobility
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	s		
⊠ Economic Development		Other:				



### 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*  PACITTI					
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  300 W. 6TH STREET  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 2300  Client State *  TX	Client Zip Code*			

### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable*				
	NELSEN PARTNERS, INC				
CHENT	Client Business Address*  905 CONGRESS AVE	Client Apartment o	r Suite Number		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*		
AND	AUSTIN	TX	78701		
NATURE OF	Nature of Client's Business*				
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT				

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount				
CLIENT	less than \$10,000	OR					
COMPENSATION							
	Per City Code Section 4-8-6(A)(j), the exact 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



#### Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  KIPP AUSTIN		
CUENT	Client Business Address* 8509 FM 969	Client Apartment o	or Suite Number
CLIENT  ADDRESS  AND	Client City* AUSTIN	Client State*	Client Zip Code*  78724
NATURE OF BUSINESS	Nature of Client's Business*  EDUCATION		

## Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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 Comper	nsation information	, provide your reason(s) (250 char. max):

indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
	GALLEGOS			
QUENT	Client Business Address*  5515 BALCONES DRIVE	Client Apartment o	or Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	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 naminal field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\Box$ 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*			
	CIRRUS LOGIC, INC			
CLIENT	Client Business Address*  800 W. 6TH	Client Apartment or	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND  NATURE OF  BUSINESS	AUSTIN	TX	78701	
	Nature of Client's Business*			
	TECHNOLOGY			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
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 in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	CARMA TEXAS, INC			
QUENT	Client Business Address* 11501 ALTERRA PKWY	Client Apartment o	r Suite Number	
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78758	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*	1	(\$) Exact Amount	
OLILIVI	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):			

\* Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all individual	Organization Name of Cheff Last Name, as applicable			
	ENDEAVOR REAL ESTATE GROUP, LLC			
	Client Business Address*	Client Apartment of	r Suite Number	
	500 W. 5TH STREET	STE 700		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
AND			J [	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is an individual	organization warne or elient East Name, as applicable	1	
	ORACLE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  9515 TOWNE CENTRE DR.  Client City*  SAN DIEGO  Nature of Client's Business*  SOFTWARE APPLICATIONS	Client State*  CA	Client Zip Code*

### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
CLIENT	\$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):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is an individual	QUALICO CR, L.P.		
	Client Business Address*  1440 THE LAKES BLVD	Client Apartment o	or Suite Number
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
AND	PFLUGERVILLE	TX	78660
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

## Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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 in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  RYAN COMPANIES, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  111 CONGRESS AVE  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION	Client Apartment of STE 1850  Client State*  TX	r Suite Number  Client Zip Code*  78701

### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*	1	(\$) Exact Amount
OLILIVI	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			, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
Chefft is all individual	TAYLOR MORRISON OF TEXAS, INC.			
CLIENT ADDRESS AND	Client Business Address* 11200 LAKELINE BLVD	Client Apartment or	Suite Number	
	Client City* AUSTIN	Client State *	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Organization Name of Cheff Last Name, as applicable			
	YETI COOLER, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	5301 SOUTHWEST PARKWAY	STE 200		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	TX	78735	
AND	1.00		70733	
NATURE OF	Nature of Client's Business*			
BUSINESS	RETAILER			
			,	

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact 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):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization Name of official East Name, as applicable			
	BRICKMAN			
CLIENT	Client Business Address*  2630 EXPOSITION BLVD	Client Apartment or STE 114	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78703	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	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 naminal field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

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

## Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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 in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	EURUS 8701 ATRIUM LLC			
	Client Business Address* 7200 N. MOPAC	Client Apartment of	r Suite Number	
CLIENT	O		*	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

## Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount	
CLIENT	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 in	formation,	provide your reason(s) (250 char. max):	
* Indicator a required field				

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	LINCOLN PROPERTY COMPANY			
	Client Business Address* 2000 MCKINNEY AVE	Client Apartment of	r Suite Number	
CLIENT	01			
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	TX	75201	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	MCHALE			
CLIENT	Client Business Address*  111 CONGRESS AVE	Client Apartment of STE 3000	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all individual	Organization Name of Cheff Last Name, as applicable			
	MU 15 INVESTMENTS, LTD.			
	Client Business Address*	Client Apartment or	r Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT	<u></u>			
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  THE KURCEA COMPANY			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  7200 N. MOPAC  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or  STE 450  Client State*  TX	Suite Number  Client Zip Code*  78731	

#### Section 3b:

### **Client Compensation**

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

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



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *			
	VELOCITY CREDIT UNION			
	Client Business Address*  1717 W. 6TH STREET	Client Apartment or STE 400	Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	FINANCIAL INSTITUTION			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	REDLEAF HIGHLAND, LLC			
	Client Business Address*	Client Apartment or	r Suite Number	
	4015 GUADALUPE ST.			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable* SEAMLESS CAPITAL, L.P.			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  4407 BEE CAVES RD  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 421  Client State*  TX	Client Zip Code*	

### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  515 CONGRESS AVE  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 1300  Client State *  TX	Client Zip Code*	

### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  MVA-916, LLC			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  515 CONGRESS AVE  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 1400  Client State *  TX	Client Zip Code*	

#### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

	<u> </u>			
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*			
	DAVIS WAYNE FS, LLC			
CLIENT ADDRESS AND NATURE OF	Client Business Address*  3821 JUNIPER TRACE  Client City*  AUSTIN  Nature of Client's Business*	Client Apartment of STE 207  Client State*  TX	Client Zip Code*	
DUCINIFICE				
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

### Section 3b:

### **Client Compensation**

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

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	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 naminal field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	WHITE LODGING SERVICES CORPORATION			
	Client Business Address*  701 E. 83RD AVE	Client Apartment or STE 17	Suite Number	
CLIENT  ADDRESS  AND	Client City*  MERRILLVILLE	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is an individual	Organization Name of Cheff Last Name, as applicable			
	BARSHOP & OLES COMPANY			
	Client Business Address*	Client Apartment or	r Suite Number	
	801 CONGRESS AVE	STE 300		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
	THE LOTTILE HAVEOTIVIETAL DEVELOTIVIETAL			

#### Section 3b:

### **Client Compensation**

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

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



#### 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	$\Box$ I represented no clients and received no client reporting period	nt compensation dur	ring the applicable	
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all individual	Organization Name of Cheff Last Name, as applicable	1		
	SPEEDY STOP FOOD STORES, LTD			
	Client Business Address*	Client Apartment of	r Suite Number	
21.515	P.O. BOX 1876			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
	VICTORIA	TX	77902	
AND	VICTORIA		17902	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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. ma		
* In all a star a manustra al 6 a l al			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	$\square$ I represented no clients and received no clients reporting period	nt compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable * HEB GROCERY STORES		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  646 SOUTH MAIN  Client City*  SAN ANTONIO  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State *	Client Zip Code*

## Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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):		

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	FASKEN OIL AND RANCH			
CLIENT	Client Business Address*  3600 BEE CAVES ROAD	Client Apartment or STE 200	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	ТХ	78746	
AND	[heering		76740	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
			,	

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
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 inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	OBMSMG LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	250 N. HARTFORD AVE		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	ОН	43222
NATURE OF	Nature of Client's Business*		
BUSINESS	TECHNOLOGY		_

#### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*  OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER			
	Client Business Address*	Client Apartment or	Suite Number	
OLIENT.	4001 MAPLE AVENUE	STE 600		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	TX	75219	
NATURE OF	Nature of Client's Business*			
BUSINESS	HOSPITALITY			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

	,			
NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
one it is all individual	organization wante of olient East Wante, as applicable			
	TITAN CAPITAL INVESTMENT GROUP, LLC			
	Client Business Address*	Client Apartment of	r Suite Number	
	401 E. CITY AVE	STE 812		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	BALA CYNWYD	PA	19004	
NATURE OF				
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all individual	Organization Name of Cheff Last Name, as applicable			
	GOVEIA COMMERCIAL REAL ESTATE			
	Client Business Address*	Client Apartment or	r Suite Number	
	24855 DEL PRADO			
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DANA POINT	CA	92629	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
	The state of the s			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  HEB/ CHARLES BUTT (HOLDSWORTH CENTER)			
	Client Business Address* 646 SOUTH MAIN	Client Apartment or	r Suite Number	
CLIENT  ADDRESS  AND	Client City* SAN ANTONIO	Client State*	Client Zip Code* 78204	
NATURE OF BUSINESS	Nature of Client's Business*  EDUCATIONAL CENTER			

## Section 3b:

## **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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 in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

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

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
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 in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is air individual	Organization Name of Cheff East Name, as applicable		
	2501 W. BRAKER, L.P.		
	Client Business Address*	Client Apartment o	r Suite Number
	1601 MOPAC EXPRESSWAY	STE 175	
CLIENT		_	
ADDRESS	Client City*	Client State*	Client Zip Code *
	AUSTIN	TX	78746
AND			] [
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	$\Box$ I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
Oliche is air maividaar	Organization Name of Cheff Last Name, as applicable		
	ALLEGIANCE MOBILE HEALTH		
		<u> </u>	
	Client Business Address*	Client Apartment or	r Suite Number
	501 S. AUSTIN AVE	STE 1310	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
	GEORGETOWN	TX	78626
AND	ozonoziowi.		70020
NATURE OF	Nature of Client's Business*		
BUSINESS	AMBULATORY CARE		

## Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
	_		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
	AUSTIN ACHIEVE SCHOOLS		
	Client Business Address*	Client Apartment or	r Suite Number
	5908 MANOR ROAD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	AUSTIN	TX	78723
NATURE OF	Nature of Client's Business*		
BUSINESS	EDUCATION		

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is an individual			
	AUSTIN BAPTIST CHURCH		
	Client Business Address*	Client Apartment or	r Suite Number
			Suite Number
	823 CONGRESS AVE	STE 111	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	RELIGIOUS ASSEMBLY		

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	AUSTIN BOARD OF REALTORS			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  4800 SPICEWOOD SPRINGS RD  Client City*  AUSTIN  Nature of Client's Business*  RESIDENTIAL REAL ESTATE ORGANIZATION	Client Apartment o  Client State*  TX	Client Zip Code*	

#### Section 3b:

### **Client Compensation**

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

		 ·
CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact comper for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info	

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable * AUSTIN PARK, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  700 12TH STREET  Client City*  GOLDEN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or  STE 220  Client State*  CO	Suite Number  Client Zip Code*  80401

## Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*	1	(\$) Exact Amount
	\$0	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	1		

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME	Organization Name or Client Lect Name or applicable*		
Cilent is an individual	BLENHEIM CORPORATION		
0.151.7	Client Business Address* 4716 ST. JOHN'S DR	Client Apartment o	r Suite Number
	Client City*	Client State*	Client Zip Code*
AND	DALLAS	тх	75205
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		
NATURE OF	Client Business Address*  4716 ST. JOHN'S DR  Client City*  DALLAS  Nature of Client's Business*	Client State*	Client Zip Code*

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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):		
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
Cilent is an individual	BROCK CONSULTING GROUP		
	Client Business Address* PO BOX 160340	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78716
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT		
= =====================================	REAL ESTATE INVESTIGIENT DEVELOPMENT		

## Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	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):		
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is an individual	Organization Name of Cheft Last Name, as applicable		
	CAPRIDGE PARTNERS, LLC		
	Client Business Address*	Client Apartment or	Suite Number
0	823 CONGRESS AVE		
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS	AUSTIN	TX	70701
AND	AUSTIN	IX.	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*	OR	(\$) Exact Amount
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 in	formation	, provide your reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  CVR SHORELINE, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  1601 S. MOPAC EXPRESSWAY  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o  STE D-175  Client State *  TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
Chefit is all illulvidual	Organization Name of Cheft Last Name, as applicable		
	CWS CAPITAL PARTNERS, LLC		
	Client Business Address*	Client Apartment or	Suite Number
0	9606 N. MOPAC EXPRESSWAY	STE 500	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78759
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all individual	Organization Name of Cheff Last Name, as applicable			
	DOWNTOWN AUSTIN ALLIANCE			
	Client Business Address*	Client Apartment or	r Suite Number	
	211 E. 7TH STREET	STE 818		
CLIENT			<u> </u>	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS				
BUSINESS	ADVOCACY ORGANIZATION			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is an individual	organization Name of Gliefit East Name, as applicable			
	GABLES RESIDENTIAL			
	Client Business Address*	Client Apartment or	Suite Number	
0.1-11-	608 AUSTIN CENTER BLVD			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			olient zip dode	
AND	AUSTIN	TX	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  HELPING HAND HOME FOR CHILDREN			
CHENT	Client Business Address*  3804 AVENUE B	Client Apartment o	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	NON-PROFIT			

#### Section 3b:

### **Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competor compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  HPI REAL ESTATE & SERVICES INVESTMENT			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3600 N. CAPITAL OF TEXAS HWY  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or BLDG B, STE 250 Client State*	Client Zip Code*	

## Section 3b:

### **Client Compensation**

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

CLIENT COMPENSATION	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):		

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
one it is all individual	organization Name of official East Name, as applicable			
	LAMBERT			
	Client Business Address*	Client Apartment or	Suite Number	
0.1-11-	1316 S. CONGRESS AVE			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			olient zip dode	
AND	AUSTIN	TX	78704	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  MAGELLAN DEVELOPMENT GROUP, LLC		
	Client Business Address*  225 N. COLUMBUS DRIVE	Client Apartment or	r Suite Number
CLIENT  ADDRESS  AND	Client City* CHICAGO	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  MEREDITH FAMILY REVOCABLE TRUST			
0.151.7	Client Business Address*  248 ADDIE ROY RD	Client Apartment of	r Suite Number	
CLIENT  ADDRESS  AND  NATURE OF	Client City*  AUSTIN  Nature of Client's Business*	Client State*	Client Zip Code*  78746	
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	P & S INVESTMENTS I, LLC			
CLIENT	Client Business Address* 8208 LONG CANYON	Client Apartment or	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78730	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is air individual				
	PARKE PROPERITES I, L.P.			
CLIENT	Client Business Address*  1411 SLEDGE DRIVE	Client Apartment of	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRESS	AUSTIN	TX	78734	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		_	

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  PARKER			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  4213 HIDDEN CANYON COVE  Client City*  AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o  Client State*  TX	Client Zip Code*	

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	POWERFIN PARTNERS			
CLIENT	Client Business Address*  100 CONGRESS AVE	Client Apartment of 17TH FLOOR	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	ТХ	78701	
AND	1.001		70701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  RAWSON SAUNDERS SCHOOL		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2614 EXPOSITION BLVD  Client City*  AUSTIN  Nature of Client's Business*  EDUCATION	Client Apartment of  Client State*  TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	ı, provide your reason(s) (250 char. max):		
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	REDDEHASE		
0.151.5	Client Business Address* 715 GOLF CREST LN	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78734
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer 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):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
_	REIT MANAGEMENT AND RESEARCH, LLC		
	Client Business Address*	Client Apartment or	Suite Number
OLIENT.	255 WASHINGTON STREET	STE 300	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	NEWTON	MA	02458
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

I represented no clients and received no client compensation during the applicable reporting period		
Organization Name or Client Last Name, as applicable*		
RICE		
Client Business Address*  54 RAINEY ST	Client Apartment o	r Suite Number
Client City*	Client State*	Client Zip Code*
Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT		,,,,,,
	Organization Name or Client Last Name, as applicable*  RICE  Client Business Address*  54 RAINEY ST  Client City*  AUSTIN  Nature of Client's Business*	Organization Name or Client Last Name, as applicable*  RICE  Client Business Address*  Client Apartment of #1004  Client City*  AUSTIN  Nature of Client's Business*

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  ROBINSON RANCH		
0.151.7	Client Business Address* PO BOX 9556	Client Apartment o	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF BUSINESS	AUSTIN  Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT	TX	78766

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*  \$0 OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information	

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	RYAN STREET & ASSOCIATES		
	Client Business Address*	Client Apartment o	or Suite Number
CLIENT	2414 EXPOSITION BLVD	STE B-140	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78703
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		
			·

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS		
QUENT	Client Business Address*  4501 SPRINGDALE ROAD	Client Apartment o	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78723
NATURE OF BUSINESS	Nature of Client's Business*  RESTAURANTS		

#### Section 3b:

### **Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competor compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable*  THE BROHN GROUP			
	Client Business Address*  1550 TIMOTHY ROAD	Client Apartment o	or Suite Number	
CLIENT  ADDRESS  AND	Client City* ATHENS	Client State*	Client Zip Code* 30606	
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount	
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 new incl Gold				

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all illulvidual	Organization Name of Cheff Last Name, as applicable			
	THE UNIVERSITY OF TEXAS SYSTEM			
	Client Business Address*	Client Apartment or	Suite Number	
0	201 WEST 7TH STREET			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	AUSTIN	TX	70701	
AND	AUSTIN		78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	HIGHER EDUCATION			

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe	nsation a	amount is required
	for compensation totaling \$500,000 or more.	i isation t	amount is required
	If you fail to provide the above Client Compensation in	formation	nrovide vour reason(s) (250 char, max)
	ii you tall to provide the above cheft compensation in	TOTTIACION	, provide your reason(s) (230 char. max).
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	Client Business Address*  100 CONGRESS AVE	Client Apartment or	Suite Number	
CLIENT ADDRESS AND NATURE OF	Client City*  AUSTIN  Nature of Client's Business*	Client State*	Client Zip Code* 78701	
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

OUENT	Compensation Category*		(\$) Exact Amount	
CLIENT	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 cha			
* Indicator a naminal field				

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all illulvidual	Organization Name of Cheft Last Name, as applicable			
	TRAVIS HOTEL GROUP, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	2711 N HASKELL AVE	STE 2800		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	DALLAS	TX	75204	
AND	DALLAS	IX .	75204	
NATURE OF	Nature of Client's Business*			
BUSINESS	HOSPITALITY			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	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 in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	TRINE WOODS, LLC			
	Client Business Address*	Client Apartment or	r Suite Number	
CLIENT	13945 U.S. HWY 183 N	STE D-190		
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78717	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Oliche is air maividual		1		
	TRUDY'S TEXAS STAR, INC.			
		l		
	Client Business Address*	Client Apartment of	r Suite Number	
	8133 MESA DR.	#206		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			Client zip code	
AND	AUSTIN	TX	78759	
NATURE OF	Nature of Client's Business*			
BUSINESS	RESTAURANTS			

#### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is an individual	W&G PARTNERSHIP		
	Client Business Address* 2801 VIA FORTUNA	Client Apartment o	or Suite Number
CLIENT  ADDRESS  AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

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

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  HYDE PARK BAPTIST CHURCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3901 SPEEDWAY  Client City*  AUSTIN  Nature of Client's Business*  RELIGOUS ASSEMBLY	Client Apartment of  Client State*  TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competor compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  MAJOR LEAGUE SOCCER (MLS)		
CLIENT ADDRESS AND NATURE OF	Client Business Address*  420 FIFTH AVENUE  Client City*  NEW YORK  Nature of Client's Business*	Client Apartment of 7TH FL  Client State*  NY	Client Zip Code*
BUSINESS	DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIE	ES .	

### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer 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):		
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

	<u> </u>		
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*		
	HI TECH AUTO GROUP		
CLIENT ADDRESS AND NATURE OF	Client Business Address*  3800 SOUTHWEST FREEWAY  Client City*  HOUSTON  Nature of Client's Business*	Client Apartment o  STE 300  Client State*  TX	Client Zip Code*
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

### Section 3b:

### **Client Compensation**

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

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer 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):		
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	MANIFOLD REAL ESTATE		
CLIENT	Client Business Address* PO BOX 200463	Client Apartment of	r Suite Number
	Client City*	Client State*	Client Zip Code*
ADDRESS	AUSTIN	TX	78720
AND	AOSTIN		78720
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	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 naminal field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  PRECOURT SPORTS VENTURES, LLC		
0.151.5	Client Business Address*  1 BLACK & GOLD BLVD	Client Apartment o	or Suite Number
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	ОН	43211
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount
CLIENT	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):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is an individual	organization Name of Cheft East Name, as applicable		
	INTREPID EQUITY INVESTMENTS LLC		
	Client Business Address*	Client Apartment or	Suite Number
	8140 N. MOPAC SUITE 4-145		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	AUSTIN	TX	78759
AND			
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

#### Section 3b:

### **Client Compensation**

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

	Compensation Category*		(\$) Exact Amount	
CLIENT	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):			
* In all a state a sure sure at 6 a l al				

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  Client is an individual	Organization Name or Client Last Name as applicable*		
Cilent is an individual	Organization Name or Client Last Name, as applicable*  2222 CAP. TEXAS, LLC		
	Client Business Address* 9811 KATY FREEWAY I	Client Apartment o	r Suite Number
CLIENT  ADDRESS  AND	Client City* HOUSTON	Client State*	Client Zip Code*  77024
NATURE OF BUSINESS	Nature of Client's Business*  REAL ESTATE INVESTMENT/ DEVELOPMENT		

### Section 3b:

### **Client Compensation**

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

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

Indicates a required field

Add Another Client Page



# Section 4: Employee

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

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

NO EMPLOYEES TO REPORT	☐ I employed or retained no employees during	the applicable reporting period
PERSON EMPLOYED	Title First Name*  Last Name *	Middle Suffix
OR RETAINED	Employer*	Occupation*
	Business Address*	Apartment or Suite Number
BUSINESS		
ADDRESS	City*	State* Zip Code*
MAYOR/COUNCIL RELATIVE	☐ Is the person identified above related (within the thi Council Member, or a member of their household, a  If yes, describe the nature of their employment *requi	s defined in City Code Section 4-8-6(A)(5)?
OR		
HOUSEHOLD MEMBER	First Name of Mayor/Council Member La	ast Name of Mayor/Council Member

\* Indicates a required field



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



# Section 5: Statement of No Activity

#### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

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



# Section 6: Expenditure Totals

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

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

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



# Section 7: Expenditure

ge 127 of 128 Revised:

9/25/2017

Delete this page

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

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

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

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name, as applicable*				
AND					
BUSINESS INTEREST	☐ This payee is a business or business in	_			
	If yes, First Name of City Official	Las	t Name of City Of	fficial	
Payee is an individual					
	Department of City Official		Job Title of City Official		
2015	Payee Address/ PO Box*		Payee Apartme	ent or Suite Number	
PAYEE					
ADDRESS	Payee City*		Payee State*	Payee Zip Code*	
	(\$) Expenditure Amount * Expendit	ure Date* Categor	y <mark>*</mark>		
EXPENDITURE					
DETAILS	Purpose of the Expenditure*				
	ho benefitted from or who may	have been influer	nced by the e		
City Official First Name	City Official Last Name	Departme	nt	Job Title	



# 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.

LYNN ANN CARLEY	2/20/2018
Typed Name	Report Date*

#### **Electronic Submission and Signature**

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

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