



Lobbyist Reporting Form

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

Office Use Only

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	Title	First Name*	Middle
	Ms.	Neslie	J
	Last Name*	Suffix	
	Cook		
	<input type="checkbox"/> My employer is a 501c(3) non-profit organization		
EMPLOYING ENTITY	<input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf Entity/Organization Name* Thrower Design		
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*	Apartment or Suite Number	
	510 S Congress Avenue	Suite 207	
	City*	State*	Zip Code*
	Austin	TX	78704
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*	Apartment or Suite Number	
	P.O. Box 41957		
	City*	State*	Zip Code*
	Austin	TX	78704

* Indicates a required field



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REPORT TYPE *

Check all that apply

- I am registering as a new lobbyist
- I am renewing my annual lobbyist registration
- I am updating my current registration information outside of a Quarterly Activity Reporting Period
- I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
 - January
 - April
 - July
 - October
- I am correcting the information provided on a previously filed report
 - Previous Report Type:
 - Previous Report Date
- I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case NPA-2016-0014.01 and C14-2017-0010		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	XX Nuckols Crossing Road; prop id#293209		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		
	LOT 2 WOODWAY VILLAGE SUBD; ABS 24 DELVALLE S ACR 9.997		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case C14-2017-0050		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	1501 Airport Commerce Drive		
	City	State	Zip Code
	Austin	TX	78741
	Property Legal Description		
	LOT 1A BLK A AIRPORT COMMERCE SEC 2 RESUB RESUB LOT 1 BLK A		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to C14-2017-0030, C14-86-141(RCT), NPA-2017-0014.01		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	8008 Burleson Road		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		
	ABS 24 DELVALLE S ACR 4.140; ABS 24 DELVALLE S ACR 10.0		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case #NPA-2016-0002.01 and C14-2017-0006		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	78 San Marcos Street		
	City	State	Zip Code
	Austin	TX	78702
	Property Legal Description		
	LOT 10 BLK 1 OLT 43 DIV O SPENCE ADDN		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to this property. (Thompson Tract)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: <input style="width: 50%;" type="text" value="XX Old Lockhart Road"/> Suite or Apartment Number: <input style="width: 40%;" type="text"/> City: <input style="width: 50%;" type="text" value="Austin"/> State: <input style="width: 15%;" type="text" value="TX"/> Zip Code: <input style="width: 15%;" type="text" value="78747"/> Property Legal Description: <input style="width: 100%;" type="text" value="Prop ID#: 0436030102; ABS 24 DELVALLE S ACR 65.8950 (1-D-1)"/>

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input checked="" type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input style="width: 400px;" type="text" value="Anything that is required to obtain a permit, plat or rezoning."/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SPC-2016-0288A (Flower Hill)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	1316 W 6th Street		
	City	State	Zip Code
	Austin	TX	78703
	Property Legal Description		
	LOT 15 OLT 3 DIV Z SMOOT SUBD & ADJ 405.5 FT		

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C14-2017-0007, C15-2017-0061, C8-2017-0171.0A (Milestone)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	7300 S Congress Avenue		
	City	State	Zip Code
	Austin	TX	
	Property Legal Description		
	TCAD Parcel ID: 338189, 338190, 338197		

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case # C8-2017-0292.0A (Townbridge)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">7513 & 7603 Cooper Lane</td> <td style="border: 1px solid black; background-color: #f8d7da;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">Austin</td> <td style="border: 1px solid black; background-color: #f8d7da;">TX</td> <td style="border: 1px solid black; background-color: #f8d7da;">78745</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; background-color: #f8d7da;">LOT 1 & Lot 2 *RESUB OF TRT 1 GARCIA WILLIE C SUBD; ABS 6 SUR 19 CANNON W ACR 2.25 (Lot ID 857652)</td> </tr> </table>	Address	Suite or Apartment Number	7513 & 7603 Cooper Lane		City	State	Zip Code	Austin	TX	78745	Property Legal Description			LOT 1 & Lot 2 *RESUB OF TRT 1 GARCIA WILLIE C SUBD; ABS 6 SUR 19 CANNON W ACR 2.25 (Lot ID 857652)		
Address	Suite or Apartment Number																
7513 & 7603 Cooper Lane																	
City	State	Zip Code															
Austin	TX	78745															
Property Legal Description																	
LOT 1 & Lot 2 *RESUB OF TRT 1 GARCIA WILLIE C SUBD; ABS 6 SUR 19 CANNON W ACR 2.25 (Lot ID 857652)																	

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

- | | | |
|---|--|---|
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| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | Anything that is required to obtain a permit, plat or rezoning. |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal questions related to case SP-2016-0509C (Met Center II Creative Office-Zydeco)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	8000 Metropolis Drive		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2017-0139C (Studio 6 Austin @ US-183- Toral)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: <input style="width: 60%; border: 1px solid black;" type="text" value="8300 N IH35 SVRD SB"/> Suite or Apartment Number: <input style="width: 40%; border: 1px solid black;" type="text"/> City: <input style="width: 60%; border: 1px solid black;" type="text" value="Austin"/> State: <input style="width: 15%; border: 1px solid black;" type="text" value="TX"/> Zip Code: <input style="width: 25%; border: 1px solid black;" type="text" value="78753"/> Property Legal Description: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input style="width: 450px; border: 1px solid black;" type="text" value="Anything that is required to obtain a permit, plat or rezoning."/> | |

Add Additional Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to SP-2017-0143C (Marquis Self Storage - McComb)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<p><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</p> <p>Address Suite or Apartment Number</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">9718 Anderson Mill Road</div> <div style="width: 35%; border: 1px solid black; background-color: #f8d7da; padding: 2px;"></div> </div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">Austin</div> <div style="width: 15%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">TX</div> <div style="width: 25%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">78750</div> </div> <p>Property Legal Description</p> <div style="border: 1px solid black; background-color: #f8d7da; height: 20px; width: 100%;"></div>

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

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to SP-2016-0466C (Homewood Suites - Pecan Park, McComb)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">18011 Pecan Park Blvd.</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78750</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> </tr> </table>	Address	Suite or Apartment Number	18011 Pecan Park Blvd.		City	State	Zip Code	Austin	TX	78750	Property Legal Description					
Address	Suite or Apartment Number																
18011 Pecan Park Blvd.																	
City	State	Zip Code															
Austin	TX	78750															
Property Legal Description																	

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

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

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Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to SP-2016-0325D (Howdy Honda)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<p><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</p> <p>Address Suite or Apartment Number</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">5519 E. Ben White Blvd.</div> <div style="width: 35%; border: 1px solid black; background-color: #f8d7da; padding: 2px;"></div> </div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">Austin</div> <div style="width: 15%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">TX</div> <div style="width: 40%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">78741</div> </div> <p>Property Legal Description</p> <div style="border: 1px solid black; background-color: #f8d7da; height: 20px; width: 100%;"></div>

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to C8J-2017-0071.0A (Amended Plat of Wells Branch)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	15200 N IH35 SVRD SB		
	City	State	Zip Code
	Austin	TX	78728
	Property Legal Description		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
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| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: Anything that is required to obtain a permit, plat or rezoning. | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to Case SP-2017-0136D (The Spicewood)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	6315 Spicewood Springs Road		
	City	State	Zip Code
	Austin	TX	78759
	Property Legal Description		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2017-0504C (7-Eleven)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	609 W Braker Ln		
	City	State	Zip Code
	Austin	TX	78753
	Property Legal Description		

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2012-0302C(XT3) (Met Center Bldgs. 3, 4, 10)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	6800, 7000, 7100 Metropolis Dr		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		
	Tax Parcel #'s: 0316160102, 0316160104, 0318130207		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2017-0300C (Met Center II Campus Plan, Bldg. 15)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	8001 Metropolis Drive		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		
	Tax Parcel ID: 0316200502, 0316200503, 0323210103, 0323210105, 0318200502, 0316200511, 0316200501		

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C8-2017-0285.0A (Woodland Park)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	Woodland Ave & Willow Creek Dr.		
	City	State	Zip Code
	Austin	TX	78741
	Property Legal Description		
	0305060806, 0305060807, 0305060808, 0305060809, 0305060810, 0305060811, 0305060812, 0305060813		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C8-2016-0197, C814-2015-0074, SP-2016-0012D, SP-2016-0013D, C8-2016-0197.1A.SH, C8-2016-0197.1B.SH, SP-2017-0211D.SH, SP-2017-0130C.SH, C814-2015-0074		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	4205 Bull Creek Rd		
	City	State	Zip Code
	Austin	TX	78731
	Property Legal Description		
	0124000201, 0124000202, 0118080101		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C8-2017-0187.0A, SP-2017-0076C (Turtle Rock - Milestone)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number <div style="border: 1px solid black; background-color: #f8d7da; padding: 2px; display: inline-block; width: 60%;">12833 Turtle Rock Road</div> <div style="border: 1px solid black; background-color: #f8d7da; padding: 2px; display: inline-block; width: 35%;"></div> City State Zip Code <div style="border: 1px solid black; background-color: #f8d7da; padding: 2px; display: inline-block; width: 60%;">Austin</div> <div style="border: 1px solid black; background-color: #f8d7da; padding: 2px; display: inline-block; width: 15%;">TX</div> <div style="border: 1px solid black; background-color: #f8d7da; padding: 2px; display: inline-block; width: 25%;">78729</div> Property Legal Description <div style="border: 1px solid black; background-color: #f8d7da; height: 20px; width: 100%;"></div>

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Anything that is required to obtain a permit, plat or rezoning.</div> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C14-2015-0062.01 (Met Center 2 - PDA Revision)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">2900-3024 US Hwy 183 South</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78744</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> </tr> </table>	Address	Suite or Apartment Number	2900-3024 US Hwy 183 South		City	State	Zip Code	Austin	TX	78744	Property Legal Description					
Address	Suite or Apartment Number																
2900-3024 US Hwy 183 South																	
City	State	Zip Code															
Austin	TX	78744															
Property Legal Description																	

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2017-0427D (Pulte Homes - Bratton Lane Improvements)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	16250 Bratton Lane		
	City	State	Zip Code
	Austin	TX	78728
	Property Legal Description		
	0280230201, 0280230304		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to the property (Starbucks)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">1200 Barton Springs Road</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78704</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;">parcel ID no. 0105020808</td> </tr> </table>	Address	Suite or Apartment Number	1200 Barton Springs Road		City	State	Zip Code	Austin	TX	78704	Property Legal Description			parcel ID no. 0105020808		
Address	Suite or Apartment Number																
1200 Barton Springs Road																	
City	State	Zip Code															
Austin	TX	78704															
Property Legal Description																	
parcel ID no. 0105020808																	

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities

<input type="checkbox"/> Affordability

<input type="checkbox"/> Animals

<input type="checkbox"/> Annexation

<input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries

<input type="checkbox"/> Aviation

<input checked="" type="checkbox"/> City Infrastructure or Public Works

<input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems

<input checked="" type="checkbox"/> Code Compliance

<input checked="" type="checkbox"/> Construction

<input type="checkbox"/> Contracts or Procurement

<input type="checkbox"/> Diversity, Equity, or Inclusion

<input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection

<input type="checkbox"/> Finance, Budget, or Investments

<input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services

<input checked="" type="checkbox"/> Historic Preservation

<input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center

<input type="checkbox"/> Human Rights or Immigration

<input type="checkbox"/> Labor or Workforce

<input checked="" type="checkbox"/> Land Development or Land Use

<input type="checkbox"/> Municipal Court

<input type="checkbox"/> Municipal Legislation

<input type="checkbox"/> Neighborhoods

<input type="checkbox"/> Parks, Recreation, Libraries, or Museums

<input checked="" type="checkbox"/> Other: Anything that is required to obtain a permit, plat or rezoning. | <input checked="" type="checkbox"/> Permits (Building, Site Plans)

<input checked="" type="checkbox"/> Permits (Other)

<input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

<input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling

<input type="checkbox"/> Quality of Life Affairs

<input checked="" type="checkbox"/> Real Estate

<input type="checkbox"/> Rules, Proposed Rules, or Rule Making

<input type="checkbox"/> Taxation or Fees

<input type="checkbox"/> Technology or Communications

<input checked="" type="checkbox"/> Transportation or Mobility

<input checked="" type="checkbox"/> Zoning or Platting |
|--|---|--|

Add Additional Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C8-2017-0182.0A (Resubdivision of Block F Met Center II, Section 5 and Buratti Pecora II)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	3306 McCall Lane		
	City	State	Zip Code
	Austin	TX	78744
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2013-0451C(XT) (High Seas)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<p><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</p> <p>Address Suite or Apartment Number</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">4845 Spicewood Springs Road</div> <div style="width: 35%; border: 1px solid black; background-color: #f8d7da; padding: 2px;"></div> </div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">Austin</div> <div style="width: 15%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">TX</div> <div style="width: 40%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">78759</div> </div> <p>Property Legal Description</p> <div style="border: 1px solid black; background-color: #f8d7da; height: 20px; width: 100%;"></div>

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

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

Add Additional Municipal Question

Delete this page



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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2017-0356C (Burleson Warehouse)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">7019 Burleson Road</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78744</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> </tr> </table>	Address	Suite or Apartment Number	7019 Burleson Road		City	State	Zip Code	Austin	TX	78744	Property Legal Description					
Address	Suite or Apartment Number																
7019 Burleson Road																	
City	State	Zip Code															
Austin	TX	78744															
Property Legal Description																	

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case C8J-2017-0234.OA (McComb - The Hills of Bear Creek)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">2101 FM 1626</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78652</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;">tax parcel id: 0443281102</td> </tr> </table>	Address	Suite or Apartment Number	2101 FM 1626		City	State	Zip Code	Austin	TX	78652	Property Legal Description			tax parcel id: 0443281102		
Address	Suite or Apartment Number																
2101 FM 1626																	
City	State	Zip Code															
Austin	TX	78652															
Property Legal Description																	
tax parcel id: 0443281102																	

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

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

Add Additional Municipal Question

Delete this page



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question relating to case SP-2017-0225C (Piedra Warehouse)																		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																		
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Address</td> <td colspan="2" style="border: none;">Suite or Apartment Number</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">9700 Gray Blvd</td> <td colspan="2" style="border: 1px solid black; background-color: #f8d7da;"></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">Austin</td> <td style="border: 1px solid black; background-color: #f8d7da;">TX</td> <td style="border: 1px solid black; background-color: #f8d7da;">78758</td> </tr> <tr> <td colspan="3" style="border: none;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; background-color: #f8d7da;">tax parcel ID: 0245110404</td> </tr> </table>	Address	Suite or Apartment Number		9700 Gray Blvd			City	State	Zip Code	Austin	TX	78758	Property Legal Description			tax parcel ID: 0245110404		
Address	Suite or Apartment Number																		
9700 Gray Blvd																			
City	State	Zip Code																	
Austin	TX	78758																	
Property Legal Description																			
tax parcel ID: 0245110404																			

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any and all municipal questions related to case SP-2017-0231T (Better Half & Hold Out)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	1120 W 5th Street		
	City	State	Zip Code
	Austin	TX	78703
	Property Legal Description		

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to case SP-2015-0577C (Hotel John Glenn)
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<p><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</p> <p>Address Suite or Apartment Number</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">8000 E Ben White Blvd</div> <div style="width: 35%; border: 1px solid black; background-color: #f8d7da; padding: 2px;"></div> </div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">Austin</div> <div style="width: 15%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">TX</div> <div style="width: 20%; border: 1px solid black; background-color: #f8d7da; padding: 2px;">78744</div> </div> <p>Property Legal Description</p> <div style="border: 1px solid black; background-color: #f8d7da; height: 20px; width: 100%;"></div>

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

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

Add Additional Municipal Question

Delete this page



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	All municipal questions related to property and cases SP-2013-0289C, SP-2008-0226C (Covered Bridge SP Correction-Schultz)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	6804 Covered Bridge Drive		
	City	State	Zip Code
	Austin	TX	78736
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case C8-2017-0019.0A		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	2201 E 22nd Street		
	City	State	Zip Code
	Austin	TX	78702
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case C14-2017-0152		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	3904 Medical Parkway		
	City	State	Zip Code
	Austin	TX	78756
	Property Legal Description		
	Tax Parcel #: 0221020506		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case SP-2017-0526C.
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: <input style="width: 60%; border: 1px solid black;" type="text" value="1311 Airport Commerce Dr"/> Suite or Apartment Number: <input style="width: 35%; border: 1px solid black;" type="text"/> City: <input style="width: 60%; border: 1px solid black;" type="text" value="Austin"/> State: <input style="width: 15%; border: 1px solid black;" type="text" value="TX"/> Zip Code: <input style="width: 20%; border: 1px solid black;" type="text" value="78741"/> Property Legal Description: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

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

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input checked="" type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input style="width: 450px; border: 1px solid black;" type="text" value="Anything that is required to obtain a permit, plat or rezoning"/> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to development on this site.																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Address</td> <td style="width: 40%; padding: 2px;">Suite or Apartment Number</td> </tr> <tr> <td style="padding: 2px;">5639 Airport Blvd</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Austin</td> <td style="padding: 2px;">TX</td> <td style="padding: 2px;">78745</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> </tr> </table>	Address	Suite or Apartment Number	5639 Airport Blvd		City	State	Zip Code	Austin	TX	78745	Property Legal Description					
Address	Suite or Apartment Number																
5639 Airport Blvd																	
City	State	Zip Code															
Austin	TX	78745															
Property Legal Description																	

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case C8J-2018-0035.0A (Fisher-Raftelis Subdivision)																
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Address</td> <td style="width: 40%; border-bottom: 1px solid black;">Suite or Apartment Number</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">10110 & 10120 Rimstone Drive</td> <td style="border: 1px solid black; background-color: #f8d7da;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border: 1px solid black; background-color: #f8d7da;">Austin</td> <td style="border: 1px solid black; background-color: #f8d7da;">TX</td> <td style="border: 1px solid black; background-color: #f8d7da;">78736</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Property Legal Description</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; background-color: #f8d7da;"></td> </tr> </table>	Address	Suite or Apartment Number	10110 & 10120 Rimstone Drive		City	State	Zip Code	Austin	TX	78736	Property Legal Description					
Address	Suite or Apartment Number																
10110 & 10120 Rimstone Drive																	
City	State	Zip Code															
Austin	TX	78736															
Property Legal Description																	

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

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

Add Additional Municipal Question

Delete this page



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to case NPA-2018-0001.01 (410 West Alpine Neighborhood Plan Amendment)		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	410 West Alpine Road		
	City	State	Zip Code
	Austin	TX	78704
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to development on this property		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	801 E 32nd Street		
	City	State	Zip Code
	Austin	TX	78758
	Property Legal Description		
	LOT 2 RESUB OF A PART OF OLT 5 DIVISION C		

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

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

Add Additional Municipal Question

Delete this page



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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Any municipal question related to development on this property		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address	Suite or Apartment Number	
	10110 & 10120 Rimstone Trail		
	City	State	Zip Code
	Austin	TX	78736
	Property Legal Description		
	ABS 405 SUR 528 HEISSNER G ACR 1.650 / Prop ID: 0406580205		

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

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

Add Additional Municipal Question

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Horse Thief Hollow, Ltd (550)"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4506 Erin Lane"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78756"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Colonetta Family Limited Partnership"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO Box 214"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78610"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>		OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>			

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Met Center NYCTEX Phase II, LTD"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="901 Rio Grande Street"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78701"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Met Center II Partners"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="901 Rio Grande Street"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="JEAE Family Ltd. Partnership (Jeff Blatt)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="920 E. Dean Keaton Street"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>
	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78705"/>	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Milestone Community Builders"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="9111 Jollyville Road"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78759"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text" value="7300 S Congress Ave; Turtle Rock Condominiums"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="CBVMedical LLC (William D Schultz - Covered Bridge)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO BOX 340310"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78734"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	<input type="text" value="Covered Bridge Commercial SP corrections."/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="CBV Sustainable Dev, LLC (William D Schultz- Covered Bridge)"/>				
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="P O BOX 340310"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="7873.4"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/> OR (\$) Exact Amount <input type="text"/>	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text" value="Covered Bridge Commercial SP corrections."/>	

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="North I-35 Business Park, LP (William Schultz)"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO Box 684309"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78768"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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 or Quarterly Activity Reporting*

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Zenith Hospitality, LLC (Patel-Hotel on John Glenn)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="6403 W HWY 290"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78735"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="PPF AMLI COVERED BRIDGE DRIVE LLC"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="141 W JACKSON BLVD STE 300"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Chicago"/>	Client State* <input type="text" value="IL"/>
	Client Zip Code* <input type="text" value="60604"/>	
	Nature of Client's Business* <input type="text" value="Land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Zydeco Development Corporation"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="901 Rio Grande St Ste 200"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78701"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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 or Quarterly Activity Reporting*

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="House Assn. of Beta XI Chapter of Kappa Kappa Gamma"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO Box 5517"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78763"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Coletto Corner, LLC (Scott Turner)"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1409 W 6TH ST"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78703"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/> Client First Name* <input type="text" value="Angelou"/> Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Angelos"/> Client Suffix <input type="text"/>

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="8801 Golden Rain Cove"/> Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/> Client State* <input type="text" value="TX"/> Client Zip Code* <input type="text" value="78735"/>
	Nature of Client's Business* <input type="text" value="land development"/>
	<input type="text"/>

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

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/>	Client First Name* <input type="text" value="John"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Sasaridis"/>	Client Suffix <input type="text"/>	

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="8801 Golden Rain Cove"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78735"/>
	Nature of Client's Business* <input type="text" value="land development"/>		
	<input type="text"/>		

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Starbucks (Kane Russell Coleman Logan PC)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1601 Elm Street"/>	Client Apartment or Suite Number <input type="text" value="Suite 3700"/>	Client City* <input type="text" value="Dallas"/>
	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="77056"/>	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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 or Quarterly Activity Reporting*

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Pulte Homes"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="9401 Amberglen Blvd."/>	Client Apartment or Suite Number <input type="text" value="Building I, Suite 150"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78729"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Oars Investments, LLC (High Seas)"/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="8705 Shoal Creek Blvd."/>	Client Apartment or Suite Number <input type="text" value="Suite #109"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78757"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/>	Client First Name* <input type="text" value="Michael"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Shelton"/>	Client Suffix <input type="text"/>	

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="350 King Arthur Court"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78746"/>
	Nature of Client's Business* <input type="text" value="land development"/>		
	<input type="text"/>		

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

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Risher Martin Homes (3904 Medical Pkwy)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4524 Burnet Road"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>
		Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78756"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME	<input type="checkbox"/> Client is an individual Organization Name or Client Last Name, as applicable* <input type="text" value="Thomson Family Limited Partnership (Slaughter Bluff Springs)"/>				
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="7409 S. Congress Ave."/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78745"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Ogden Rentals LP (JSteve Ogden- Better Half/Hold Out)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2604 Bridle Path"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78703"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>		OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>			

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="1205 1/2 W. 5th LLC (Jimmy Nassour - Better Half/Hold Out)"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3839 Bee Caves Road"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78746"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Vertical Construction Management"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1209 South White Chapel Blvd."/>	Client Apartment or Suite Number <input type="text" value="Suite 180"/>	Client City* <input type="text" value="Southlake"/>
	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="76092"/>	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="WW Corner, LLC (Scott Bell, MLou Patton)"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4505 Navajo Pass"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78745"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Townbridge Homes, LLC (The Greens on Cooper Lane)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO Box 90638"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78709"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/> Client First Name* <input type="text" value="Joseph"/> Middle <input type="text" value="D"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Christian (Christian MFG Inc)"/> Client Suffix <input type="text"/>

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="12401 BARKER HOLLOW CV"/> Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/> Client State* <input type="text" value="TX"/> Client Zip Code* <input type="text" value="78739"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/> OR (\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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 or Quarterly Activity Reporting*

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period									
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Christian Laborde Properties, LP (Freight Barker/ Manchacca)"/>									
CLIENT ADDRESS AND NATURE OF BUSINESS	<table border="1"> <tr> <td data-bbox="427 898 1027 1010"> Client Business Address* <input type="text" value="11726 Manchaca Road"/> </td> <td colspan="2" data-bbox="1027 898 1534 1010"> Client Apartment or Suite Number <input type="text"/> </td> </tr> <tr> <td data-bbox="427 1010 1027 1104"> Client City* <input type="text" value="Austin"/> </td> <td data-bbox="1027 1010 1227 1104"> Client State* <input type="text" value="TX"/> </td> <td data-bbox="1227 1010 1534 1104"> Client Zip Code* <input type="text" value="78748"/> </td> </tr> <tr> <td colspan="3" data-bbox="427 1104 1534 1249"> Nature of Client's Business* <input type="text" value="land development"/> </td> </tr> </table>	Client Business Address* <input type="text" value="11726 Manchaca Road"/>	Client Apartment or Suite Number <input type="text"/>		Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78748"/>	Nature of Client's Business* <input type="text" value="land development"/>		
Client Business Address* <input type="text" value="11726 Manchaca Road"/>	Client Apartment or Suite Number <input type="text"/>									
Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78748"/>								
Nature of Client's Business* <input type="text" value="land development"/>										

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	<table border="1"> <tr> <td data-bbox="427 1423 938 1545"> Compensation Category* <input type="text" value="less than \$10,000"/> </td> <td data-bbox="938 1423 1027 1545">OR</td> <td data-bbox="1027 1423 1534 1545"> (\$ Exact Amount <input type="text"/> </td> </tr> <tr> <td colspan="3" data-bbox="427 1545 1534 1667"> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. </td> </tr> <tr> <td colspan="3" data-bbox="427 1667 1534 1852"> If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/> </td> </tr> </table>	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		
Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>								
Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.										
If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>										

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="W2 Hill ACP II LP"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1221 South Mopac Expressway"/>	Client Apartment or Suite Number <input type="text" value="355"/>	Client City* <input type="text" value="Austin"/>
		Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78746"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Grove Residential Development, INC."/>
---	---

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="9111 Jollyville Road"/>	Client Apartment or Suite Number <input type="text" value="111"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78759"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="6315 Spicewood, LP (David Kahn, The Spicewood Hotel)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="805 Congress Ave"/>	Client Apartment or Suite Number <input type="text" value="300"/>	Client City* <input type="text" value="Austin"/>
	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/> OR (\$) Exact Amount <input type="text"/>	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>	

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
*Required for Lobbyist Registration, Termination,
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Altemate Real Estate, LLC"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2307-A Riverside Farms Drive"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78741"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>		OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>			

* Indicates a required field

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Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
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For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="OM Nama Ganeshaya Corporation"/>
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CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="11950 Chapel Road"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Dallas"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="75234"/>	
	Nature of Client's Business* <input type="text" value="land developmentY"/>	

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form
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**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/>	Client First Name* <input type="text" value="Jimmie L & Shirlene A"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="McComb"/>	Client Suffix <input type="text"/>	

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2507 Braemar Cove"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78747"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="\$0"/>	OR	(\$ Exact Amount) <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="H & B Development and Construction LP (Burleson Warehous"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="12400 Taylor Road"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Houston"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="77041"/>
	Nature of Client's Business* <input type="text" value="land devleopment"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME	Client Title	Client First Name*	Middle
	<input type="text"/>	Roger	<input type="text"/>
<input checked="" type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable*	Client Suffix	
	Johnson c/o Martha Johnson	<input type="text"/>	

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	P.O. Box 1515	<input type="text"/>	
	Client City*	Client State*	Client Zip Code*
	Manchacca	TX	78652
	Nature of Client's Business*		
	land development		

**Section 3b:
 Client Compensation**

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

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

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Chaudhari Partnership (Homewood Suites Pecan Park)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="10800 Chateau Hill"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78758"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Piedra Holdings, LLC (Piedra Warehouse)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="10317 McKaia Place"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78758"/>
	Nature of Client's Business* <input type="text" value="land development"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="ZFB, LTD. (William B Pohl)"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="10800 Pecan Park Blvd"/>	Client Apartment or Suite Number <input type="text" value="Suite 125"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78750"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="width: 100%; height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Flower Hill Foundation"/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="607 Pressler Street"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78703"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	<input type="checkbox"/> Client is an individual Organization Name or Client Last Name, as applicable* <input type="text" value="Howdy Honda Dealership"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1000 West State Street"/>	Client Apartment or Suite Number <input type="text"/>	Client City* <input type="text" value="Bristol"/>
		Client State* <input type="text" value="TN"/>	Client Zip Code* <input type="text" value="37620"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="\$0"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Extended Stay America (Steve Sheets)"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="11525 North Community House Road"/>	Client Apartment or Suite Number <input type="text" value="Suite 100"/>	Client City* <input type="text" value="Charlotte"/>
		Client State* <input type="text" value="NC"/>	Client Zip Code* <input type="text" value="28277"/>
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Wonderworkers Properties, LLC."/>
---	--

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="107 West Stassney Lane"/>	Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>
	Client Zip Code* <input type="text" value="78745"/>	
	Nature of Client's Business* <input type="text" value="land 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* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title Client First Name* Middle <input type="text" value="Ms."/> <input type="text" value="Gretchen"/> <input type="text"/>
	Organization Name or Client Last Name, as applicable* Client Suffix <input type="text" value="Raftelis"/> <input type="text"/>

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* Client Apartment or Suite Number <input type="text" value="10120 Rimstone Trail"/> <input type="text"/>
	Client City* Client State* Client Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78736"/>
	Nature of Client's Business* <input type="text" value="To get an approved plat for the two properties and memorialize ownership lines."/>

**Section 3b:
 Client Compensation**

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

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

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Riverside Homes, LLC"/>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1409 W 6th Street"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text" value="Austin"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78703"/>
	Nature of Client's Business* <input type="text" value="Residential Development and Entitlements"/>		

**Section 3b:
 Client Compensation**

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

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input style="height: 40px;" type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



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

**Section 3:
 Client**

**Section 3a:
 Client Information**

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

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

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

CLIENT NAME <input checked="" type="checkbox"/> Client is an individual	Client Title <input type="text"/> Client First Name* <input type="text" value="Ashvin & Pramila"/> Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Srivastava"/> Client Suffix <input type="text"/>

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="801 E 32nd Street"/> Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Austin"/> Client State* <input type="text" value="TX"/> Client Zip Code* <input type="text" value="78758"/>
	Nature of Client's Business* <input type="text" value="Residential Development"/>
	<input type="text"/>

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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

Section 4: Employee

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

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

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

* Indicates a required field

Add Another Employee Page

Delete this page



Lobbyist Reporting Form

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

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

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



Lobbyist Reporting Form

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

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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



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

**Section 6:
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)). Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

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



Lobbyist Reporting Form

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

Section 7: Expenditure

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

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

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

<p>PAYEE NAME</p> <p>AND</p> <p>BUSINESS INTEREST</p> <p><input type="checkbox"/> Payee is an individual</p>	<p>Organization Name or Payee Last Name, as applicable*</p> <input style="width: 100%;" type="text"/> <p><input type="checkbox"/> This payee is a business or business interest of a City Official</p> <p>If yes, First Name of City Official Last Name of City Official</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div> <p>Department of City Official Job Title of City Official</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div>
<p>PAYEE ADDRESS</p>	<p>Payee Address/ PO Box* Payee Apartment or Suite Number</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 60%;" type="text"/> <input style="width: 35%;" type="text"/> </div> <p>Payee City* Payee State* Payee Zip Code*</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 35%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 45%;" type="text"/> </div>
<p>EXPENDITURE DETAILS</p>	<p>(\$) Expenditure Amount* Expenditure Date* Category*</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 30%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 45%;" type="text"/> </div> <p>Purpose of the Expenditure*</p> <input style="width: 100%; height: 20px;" type="text"/>

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

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page



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

**Section 8:
Declaration and
Electronic Submission**

DECLARATION

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

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

A. Ron Thrower

Typed Name

1/9/2018

Report Date*

Electronic Submission and Signature

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

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