



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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: Reporting Guide**

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

*****FOR BEST RESULTS, PLEASE USE ADOBE READER OR ADOBE ACROBAT WHEN FILLING OUT THE FORM.*****

LOBBYIST NAME	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Leah</td><td></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td>Bojo</td><td></td><td></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>	Title	First Name*	Middle		Leah		Last Name*	Suffix		Bojo		
Title	First Name*	Middle											
	Leah												
Last Name*	Suffix												
Bojo													
EMPLOYING ENTITY	<p><input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</p> <p>Entity/Organization Name*</p> <p>Drenner Group</p>												
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td>Apartment or Suite Number</td></tr><tr><td>200 Lee Barton Drive</td><td>Suite 100</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78704</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number	200 Lee Barton Drive	Suite 100	City*	State*	Zip Code*	Austin	TX	78704		
Permanent Business Street Address*	Apartment or Suite Number												
200 Lee Barton Drive	Suite 100												
City*	State*	Zip Code*											
Austin	TX	78704											
LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td>Apartment or Suite Number</td></tr><tr><td>200 Lee Barton Drive</td><td>Suite 100</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78704</td></tr></table>	Business Mailing Address*	Apartment or Suite Number	200 Lee Barton Drive	Suite 100	City*	State*	Zip Code*	Austin	TX	78704		
Business Mailing Address*	Apartment or Suite Number												
200 Lee Barton Drive	Suite 100												
City*	State*	Zip Code*											
Austin	TX	78704											



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*Required for Lobbyist Registration, Termination,
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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 of my most recent Quarterly Activity Report

☒ 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*	Code interpretation		
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
	3001 E. 12th St & 1501 E. 13th St		
	City	State	Zip Code
	Austin	TX	78702
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Right of way vacation		
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
	711 Trinity Street		
	City	State	Zip Code
	Austin	TX	78701
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning		
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
	1125 Shady Lane		
	City	State	Zip Code
	Austin	TX	78721
Property Legal Description			

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Managed Growth Agreement		
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
	1300 Dittmar St.		
	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 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 type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Property taxes		
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
	1500 Manana Street		
	City	State	Zip Code
	Austin	TX	78730
	Property Legal Description		

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input 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 |
| <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 checked="" type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Rezoning		
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
	2514 Thrasher Lane		
	City	State	Zip Code
	Austin	TX	78741
Property Legal Description			

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Hazardous pipeline ordinance		
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
	9000-9200 Brodie Lane		
	City	State	Zip Code
	Austin	TX	78749
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Mobile home park licensure		
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
	305 & 401 Chaparral Rd		
	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 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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Drainage issue		
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
	2615 & 2617 Canterbury St.		
	City	State	Zip Code
	Austin	TX	78702
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="Eureka Holdings"/></td><td><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*		Client Suffix	<input type="text" value="Eureka Holdings"/>		<input type="text"/>						
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="Eureka Holdings"/>		<input type="text"/>																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="5415 Maple Ave"/></td><td colspan="2"><input type="text" value="#204"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Dallas"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="75235"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="5415 Maple Ave"/>	<input type="text" value="#204"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75235"/>	Nature of Client's Business*			<input type="text" value="Real Estate"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="5415 Maple Ave"/>	<input type="text" value="#204"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75235"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate"/>																			

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">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">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
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 selected "I Decline/Refuse to Report", 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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Cielo Property Group"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="823 Congress Avenue"/> <input type="text" value="600"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate"/></div>

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* 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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Barton Creek Capital"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="515 Congress Ave"/> <input type="text" value="1515"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate"/></div>

Section 3b: Client Compensation

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

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

* 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	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="SDC Dittmar, LLC"/></td><td><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*		Client Suffix	<input type="text" value="SDC Dittmar, LLC"/>		<input type="text"/>						
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="SDC Dittmar, LLC"/>		<input type="text"/>																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="2300 South Lamar"/></td><td colspan="2"><input type="text" value="106"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78704"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="2300 South Lamar"/>	<input type="text" value="106"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78704"/>	Nature of Client's Business*			<input type="text" value="Real Estate"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="2300 South Lamar"/>	<input type="text" value="106"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78704"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate"/>																			

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="4">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="4">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="4"><input type="text"/></td></tr></table>	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):				<input type="text"/>			
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 selected "I Decline/Refuse to Report", 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	<div>Client Title <input type="text"/></div> <div>Client First Name* <input type="text" value="Nikki"/></div> <div>Middle <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* <input type="text" value="Zern"/></div> <div>Client Suffix <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* <input type="text" value="1500 Manana Street"/></div> <div>Client Apartment or Suite Number <input type="text"/></div> <div>Client City* <input type="text" value="Austin"/></div> <div>Client State* <input type="text" value="TX"/></div> <div>Client Zip Code* <input type="text" value="78730"/></div> <div>Nature of Client's Business* <input type="text" value="Individual"/></div>

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<div>Compensation Category* <input type="text" value="less than \$10,000"/></div> <div>OR</div> <div>(\$) Exact Amount <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/></div>
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* 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	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td></td><td>Larry and Elizabeth</td><td></td></tr><tr><td>Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td><td></td></tr><tr><td>Petree</td><td></td><td></td></tr></table>	Client Title	Client First Name*	Middle		Larry and Elizabeth		Organization Name or Client Last Name, as applicable*	Client Suffix		Petree						
Client Title	Client First Name*	Middle															
	Larry and Elizabeth																
Organization Name or Client Last Name, as applicable*	Client Suffix																
Petree																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td>Client Apartment or Suite Number</td></tr><tr><td>9207 Vicksberg Avenue</td><td></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Lubbock</td><td>TX</td><td>79424</td></tr><tr><td>Nature of Client's Business*</td><td colspan="2"></td></tr><tr><td>Individual</td><td colspan="2"></td></tr></table>	Client Business Address*	Client Apartment or Suite Number	9207 Vicksberg Avenue		Client City*	Client State*	Client Zip Code*	Lubbock	TX	79424	Nature of Client's Business*			Individual		
Client Business Address*	Client Apartment or Suite Number																
9207 Vicksberg Avenue																	
Client City*	Client State*	Client Zip Code*															
Lubbock	TX	79424															
Nature of Client's Business*																	
Individual																	

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr><tr><td colspan="3">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">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"></td></tr></table>	Compensation Category*	(\$)	Exact Amount	less than \$10,000	OR		Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):					
Compensation Category*	(\$)	Exact Amount														
less than \$10,000	OR															
Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.																
If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																

* 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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="PREG Development"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="11801 Domain Bld"/> <input type="text" value="FL 3"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78758"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate"/></div>

Section 3b: Client Compensation

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

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

* 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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> Escape <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 1740 20 1/2 St. <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Rice Lake <input type="text"/> WI <input type="text"/> 54868</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Real estate</div>

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* 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	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td></td><td>Rio</td><td></td></tr><tr><td>Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td><td></td></tr><tr><td>Tomlin</td><td></td><td></td></tr></table>	Client Title	Client First Name*	Middle		Rio		Organization Name or Client Last Name, as applicable*	Client Suffix		Tomlin						
Client Title	Client First Name*	Middle															
	Rio																
Organization Name or Client Last Name, as applicable*	Client Suffix																
Tomlin																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td>Client Apartment or Suite Number</td></tr><tr><td>2615 Canterbury St.</td><td></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78702</td></tr><tr><td>Nature of Client's Business*</td><td colspan="2"></td></tr><tr><td>Real estate</td><td colspan="2"></td></tr></table>	Client Business Address*	Client Apartment or Suite Number	2615 Canterbury St.		Client City*	Client State*	Client Zip Code*	Austin	TX	78702	Nature of Client's Business*			Real estate		
Client Business Address*	Client Apartment or Suite Number																
2615 Canterbury St.																	
Client City*	Client State*	Client Zip Code*															
Austin	TX	78702															
Nature of Client's Business*																	
Real estate																	

Section 3b: Client Compensation

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

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr><tr><td colspan="3">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">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"></td></tr></table>	Compensation Category*		(\$) Exact Amount	less than \$10,000	OR		Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):					
Compensation Category*		(\$) Exact Amount														
less than \$10,000	OR															
Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.																
If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 4: Employee

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

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

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

* Indicates a required field

Add Another Employee Page

Delete this page



Lobbyist Reporting Form

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

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

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



Lobbyist Reporting Form

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

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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



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

Section 6:
Expenditure Totals

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

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

<div>EXPENDITURE TOTALS</div> <div>(Blank values will be interpreted as \$0)</div>	(\$) 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.

PAYEE NAME AND BUSINESS INTEREST	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2"><input type="checkbox"/> This payee is a business or business interest of a City Official</td></tr><tr><td>If yes, First Name of City Official</td><td>Last Name of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Department of City Official</td><td>Job Title of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Title	Payee First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Payee Last Name, as applicable*	Payee Suffix	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> This payee is a business or business interest of a City Official		If yes, First Name of City Official	Last Name of City Official	<input type="text"/>	<input type="text"/>	Department of City Official	Job Title of City Official	<input type="text"/>	<input type="text"/>
Payee Title	Payee First Name*																		
<input type="text"/>	<input type="text"/>																		
Organization Name or Payee Last Name, as applicable*	Payee Suffix																		
<input type="text"/>	<input type="text"/>																		
<input type="checkbox"/> This payee is a business or business interest of a City Official																			
If yes, First Name of City Official	Last Name of City Official																		
<input type="text"/>	<input type="text"/>																		
Department of City Official	Job Title of City Official																		
<input type="text"/>	<input type="text"/>																		
PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		<input type="text"/>	<input type="text"/>		Payee City*	Payee State*	Payee Zip Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payee Address/ PO Box*	Payee Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
Payee City*	Payee State*	Payee Zip Code*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
EXPENDITURE DETAILS	<table><tr><td>(\$) Expenditure Amount*</td><td>Expenditure Date*</td><td>Category*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3">Purpose of the Expenditure*</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	(\$) Expenditure Amount*	Expenditure Date*	Category*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Purpose of the Expenditure*			<input type="text"/>								
(\$) Expenditure Amount*	Expenditure Date*	Category*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Purpose of the Expenditure*																			
<input type="text"/>																			

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

City Official First Name	City Official Last Name	Department	Job Title



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
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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.

Leah Bojo

Typed Name

4/10/2018

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.