



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: 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	Title <input type="text"/>	First Name* RICHARD	Middle <input type="text"/>
	Last Name* SUTTLE	Suffix <input type="text"/>	
	<input type="checkbox"/> My employer is a 501c(3) non-profit organization		
EMPLOYING ENTITY	<input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf Entity/Organization Name* <input type="text"/>		
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 100 CONGRESS AVE	Apartment or Suite Number STE 1300	
	City* AUSTIN	State* TX	Zip Code* 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 100 CONGRESS AVE	Apartment or Suite Number STE 1300	
	City* AUSTIN	State* TX	Zip Code* 78701

* 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 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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	70 PASCAL LANE		
	City	State	Zip Code
	AUSTIN	TX	78746
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="721 CONGRESS AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 |
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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="8509 FM 969"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78724"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 |
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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
	4300 STAGGERBRUSH ROAD		
	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 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 checked="" 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 |
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	Address		Suite or Apartment Number
	<input type="text" value="710 WEST AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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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
	COLTON BLUFF SPRINGS RD		
	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 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 checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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	Address		Suite or Apartment Number
	<input type="text" value="6500 RR 2222"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78730"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 |
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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
	2300 CLOUD WAY		
	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 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 checked="" type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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	Address		Suite or Apartment Number
	NW QUADRANT OF PEARCE LN & WOLF LN INT		
	City	State	Zip Code
	CEDAR CREEK	TX	78612
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</div> <div><div>Address</div><div>Suite or Apartment Number</div><div>City</div><div>State</div><div>Zip Code</div><div>Property Legal Description</div><div>LOT 1, PLEASANT HILL SUBDIVISION</div></div>

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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</div> <div><div>Address</div><div>Suite or Apartment Number</div><div>City</div><div>State</div><div>Zip Code</div><div>Property Legal Description</div><div>MCCORMICK RANCH ON LAKE AUSTIN</div></div>

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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
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| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
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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
	220 S. CONGRESS AVE		
	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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="823 CONGRESS AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text" value="PEARSON PLACE SECTION THREE"/>		

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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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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
	8701 MOPAC EXPRESSWAY		
	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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	308 GUADALUPE 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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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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
	1800 WESTLAKE PASS		
	City	State	Zip Code
	AUSTIN	TX	78746
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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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
	5810 STEINER RANCH		
	City	State	Zip Code
	AUSTIN	TX	78732
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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" 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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	7200 MOPAC EXPRESSWAY		
	City	State	Zip Code
	AUSTIN	TX	78731
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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	610 E. 11TH STREET / 705 E. 12TH 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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	6001 AIRPORT ROAD		
	City	State	Zip Code
	AUSTIN	TX	78752
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.
	Address <input type="text"/> Suite or Apartment Number <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
	Property Legal Description <input type="text"/>

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" 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: <input type="text" value="CODENEXT"/> | |

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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
	425 W. RIVERSIDE		
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="916 CONGRESS"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="1112 S. 8TH STREET"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78702"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="304 E. CESAR CHAVEZ"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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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
	1901 SAN ANTONIO STREET		
	City	State	Zip Code
	AUSTIN	TX	78705
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" 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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	S. CONGRESS AND RALPH ABLENADO		
	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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	NW CORNER OF SLAUGHTER AND IH-35		
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="5210 N LAMAR BLVD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78751"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.
	Address <input type="text"/> Suite or Apartment Number <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
	Property Legal Description <input type="text"/>

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" type="checkbox"/> Taxation or Fees |
| <input checked="" type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input checked="" 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 checked="" 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: <input type="text" value="INTERACTIVE WAYFINDING TECHNOLOGY"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="413 NAVASOTA"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78702"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Taxation or Fees |
| <input 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="8212 BARTON CLUB DR"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78735"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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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
	OLD HWY 20		
	City	State	Zip Code
	MANOR	TX	78653
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	E. STATE HWY 71		
	City	State	Zip Code
	DEL VALLE	TX	78617
	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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div><input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</div> <div><div>Address</div><div>Suite or Apartment Number</div><div>City</div><div>State</div><div>Zip Code</div><div>Property Legal Description</div><div>LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6010</div></div>

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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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Lobbyist Reporting Form

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="12971 POND SPRINGS ROAD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78729"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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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
	508 WEST AVENUE		
	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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
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| <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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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
	5521 SPRINGDALE ROAD		
	City	State	Zip Code
	AUSTIN	TX	78723
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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="6301 FM 2222"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78737"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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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
	1109 S. PLEASANT VALLEY		
	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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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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
	1600 WICKERSHAM 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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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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
	1225 S. PLEASANT VALLEY		
	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 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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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| <input type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="4700 E. RIVERSIDE DRIVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78741"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="1515 WICKERSHAM LANE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78741"/>
	Property Legal Description		
	<input type="text"/>		

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input 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 checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	3207 FERGUSON LANE		
	City	State	Zip Code
	AUSTIN	TX	78754
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 checked="" type="checkbox"/> Affordability | <input checked="" 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 checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input checked="" 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 checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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 <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="PACITTI"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="300 W. 6TH STREET"/>		Client Apartment or Suite Number <input type="text" value="STE 2300"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* NELSEN PARTNERS, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 905 CONGRESS AVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* KIPP AUSTIN	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 8509 FM 696		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78724
	Nature of Client's Business* EDUCATION		

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	Compensation Category* 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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* GALLEGOS		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5515 BALCONES DRIVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	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="CIRRUS LOGIC, INC"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	<input type="text" value="800 W. 6TH"/>		<input type="text"/>
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Nature of Client's Business*		
	<input type="text" value="TECHNOLOGY"/>		

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	Compensation Category*	(\$)	Exact Amount
	<input type="text" value="\$0 (No Compensation Received)"/>	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CARMA TEXAS, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11501 ALTERRA PKWY	Client Apartment or Suite Number STE 100	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78758
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* ENDEAVOR REAL ESTATE GROUP, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 500 W. 5TH STREET	Client Apartment or Suite Number STE 700	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="ORACLE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="9515 TOWNE CENTRE DR."/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="SAN DIEGO"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="92121"/>
	Nature of Client's Business* <input type="text" value="SOFTWARE APPLICATIONS"/>		

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	Compensation Category* <input type="text" value="\$10,000 - \$24,999"/>	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1440 THE LAKES BLVD		Client Apartment or Suite Number <input type="text"/>
	Client City* PFLUGERVILLE	Client State* TX	Client Zip Code* 78660
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* RYAN COMPANIES, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 111 CONGRESS AVE	Client Apartment or Suite Number STE 1850	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11200 LAKELINE BLVD		Client Apartment or Suite Number STE 150 A
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78717
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* YETI COOLER, INC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5301 SOUTHWEST PARKWAY		Client Apartment or Suite Number STE 200
	Client City* AUSTTN	Client State* TX	Client Zip Code* 78735
	Nature of Client's Business* RETAILER		

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	Compensation Category* 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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="BRICKMAN"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2630 EXPOSITION BLVD"/>		Client Apartment or Suite Number <input type="text" value="STE 114"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CENTURY LAND HOLDINGS LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 6500 RIVER PLACE BLVD		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78730
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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



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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* EURUS 8701 ATRIUM LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 7200 N. MOPAC		Client Apartment or Suite Number STE 450
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="LINCOLN PROPERTY COMPANY"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2000 MCKINNEY AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 100"/>
	Client City* <input type="text" value="DALLAS"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="75201"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	MCHALE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	111 CONGRESS AVE		STE 3000
	Client City*		Client State* Client Zip Code*
	AUSTIN		TX 78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* MU 15 INVESTMENTS, LTD		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 7200 N. MOPAC		Client Apartment or Suite Number STE 450
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* THE KUCERA COMPANY	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 7200 N. MOPAC		Client Apartment or Suite Number STE 450
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78731
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title	Client First Name*	Middle
CLIENT ADDRESS AND NATURE OF BUSINESS	Organization Name or Client Last Name, as applicable*		Client Suffix
	VELOCITY CREDIT UNION		
	Client Business Address*		Client Apartment or Suite Number
	1717 W. 6TH STREET		STE 400
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business*		
	FINANCIAL INSTITUTION		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4015 GUADALUPE ST		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78751
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* SEAMLESS CAPITAL, L.P.		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4407 BEE CAVES RD		Client Apartment or Suite Number STE 421
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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

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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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	STREAM REALTY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	515 CONGRESS AVE		STE 1300
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="MVA-916, LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="515 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 1400"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* DAVIS WAYNE FS, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3821 JUNIPER TRACE	Client Apartment or Suite Number STE 207	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78738
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	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): <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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* BARSHOP & OLES COMPANY		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 801 CONGRESS AVE		Client Apartment or Suite Number STE 300
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. BOX 1876		Client Apartment or Suite Number <input type="text"/>
	Client City* VICTORIA	Client State* TX	Client Zip Code* 77902
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="HEB GROCERY STORES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="646 SOUTH MAIN"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="SAN ANTONIO"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78204"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="FASKEN OIL AND RANCH"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3600 BEE CAVES ROAD"/>		Client Apartment or Suite Number <input type="text" value="STE 200"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	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 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



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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="OBMSMG LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="250 N. HARTFORD AVE"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="COLUMBUS"/>	Client State* <input type="text" value="OH"/>	Client Zip Code* <input type="text" value="43222"/>
	Nature of Client's Business* <input type="text" value="TECHNOLOGY"/>		

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	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 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



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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	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	
	OMNI HOTELS/BARTON CREEK CONFERENCE CENTER	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4001 MAPLE AVENUE		STE 600
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75219
	Nature of Client's Business*		
	HOSPITALITY		

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	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 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



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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TITAN CAPITAL INVESTMENT GROUP, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 401 E. CITY AVE		Client Apartment or Suite Number STE 812
	Client City* BALA CYNWYD	Client State* PA	Client Zip Code* 19004
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* GOVEIA COMMERCIAL REAL ESTATE	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 24855 DEL PRADO		Client Apartment or Suite Number <input type="text"/>
	Client City* DANA POINT	Client State* CA	Client Zip Code* 92629
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* HEB/ CHARES BUTT (HOLDSWORTH CENTER)		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 646 SOUTH MAIN		Client Apartment or Suite Number <input type="text"/>
	Client City* SAN ANTONIO	Client State* TX	Client Zip Code* 78204
	Nature of Client's Business* EDUCATIONAL CENTER		

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	Compensation Category* 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 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



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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
	183 BLW, LP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN TX 78766		
	Nature of Client's Business* <input type="text"/>		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	\$0 (No Compensation Received)	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
	2501 W. BRAKER, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	1601 MOPAC EXPRESSWAY		STE 175
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN		TX
			78746
	Nature of Client's Business* <input type="text"/>		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	\$0 (No Compensation Received)	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): <input type="text"/>	

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	ALLEGIANCE MOBILE HEALTH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	501 S. AUSTIN AVE		STE 1310
	Client City*		Client State* Client Zip Code*
	GEORGETOWN		TX 78626
	Nature of Client's Business*		
	AMBULATORY CARE		

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	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="AUSTIN BAPTIST CHURCH"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="823 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 111"/>
	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="RELIGIOUS ASSEMBLY"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* AUSTIN BOARD OF REALTORS		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4800 SPICEWOOD SPRINGS RD		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78759
	Nature of Client's Business* RESIDENTIAL REAL ESTATE ORGANIZATION		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	BLENHEIM CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4716 ST. JOHN'S DR		
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75205
	Nature of Client's Business*		
	RESIDENTIAL REAL ESTATE ORGANIZATION		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	BROCK CONSULTING GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	P.O. BOX 160340		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78716
	Nature of Client's Business*		
	RESIDENTIAL REAL ESTATE ORGANIZATION		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 823 CONGRESS AVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CVR SHORELINE, L.P.	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1601 S. MOPAC EXPRESSWAY		Client Apartment or Suite Number STE D-175
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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Section 3: Client

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

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 <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 9606 N. MOPAC EXPRESSWAY		Client Apartment or Suite Number STE 500
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78759
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	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

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

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="GABLES RESIDENTIAL"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="608 AUSTIN CENTER BLVD"/>		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="78751"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

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Section 3: Client

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

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
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HELPING HAND HOME FOR CHILDREN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3804 AVENUE B		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business*		
	NON-PROFIT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="HPI REAL ESTATE & SERVICES INVESTMENT"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3600 N. CAPITAL OF TEXAS HWY"/>		Client Apartment or Suite Number <input type="text" value="BLDG B, STE 250"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	LAMBERT		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1316 S. CONGRESS AVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78704
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 225 N. COLUMBUS DRIVE	Client Apartment or Suite Number STE 100	
	Client City* CHICAGO	Client State* IL	Client Zip Code* 60601
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	MEREDITH FAMILY REVOCABLE TRUST		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	248 ADDIE ROY RD		STE C200
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 8208 LONG CANYON		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78730
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* PARKE PROPERTIES I, L.P.	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1411 SLEDGE DRIVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78734
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	PARKER		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4213 HIDDEN CANYON COVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="POWERFIN PARTNERS"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="100 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="17TH FLOOR"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	RAWSON SAUNDERS SCHOOL		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2614 EXPOSITION BLVD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78703
	Nature of Client's Business*		
	EDUCATION		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="REDDEHASE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="715 GOLF CREST LN"/>		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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* REIT MANAGEMENT AND RESEARCH, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 255 WASHINGTON STREET		Client Apartment or Suite Number STE 300
	Client City* NEWTON	Client State* MA	Client Zip Code* 02458
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	RICE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	54 RAINEY ST		#1004
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* ROBINSON RANCH		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 9556		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78766
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="RYAN STREET & ASSOCIATES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2414 EXPOSITION BLVD"/>		Client Apartment or Suite Number <input type="text" value="STE B-140"/>
	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="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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



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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4501 SPRINGDALE ROAD		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78723
	Nature of Client's Business* RESTAURANTS		

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	Compensation Category* \$0 (No Compensation Received)	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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* THE BROHN GROUP	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1550 TIMOTHY ROAD		Client Apartment or Suite Number STE 201
	Client City* ATHENS	Client State* GA	Client Zip Code* 30606
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	\$10,000 - \$24,999	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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TRAMMELL CROW	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 100 CONGRESS AVE	Client Apartment or Suite Number STE 225	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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

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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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TRAVIS HOTEL GROUP, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2711 N HASKELL AVE	Client Apartment or Suite Number STE 2800	
	Client City* DALLAS	Client State* TX	Client Zip Code* 75204
	Nature of Client's Business* HOSPITALITY		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TRINE WOODS, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 13945 U.S. HWY 183 N		Client Apartment or Suite Number STE D-190
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78717
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, INC.		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 8133 MESA DR.		Client Apartment or Suite Number #206
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78759
	Nature of Client's Business* RESTAURANTS		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* W&G PARTNERSHIP	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2801 VIA FORTUNA		Client Apartment or Suite Number STE 525
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
	HYDE PARK BAPTIST CHURCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN TX 78751		
	Nature of Client's Business* <input type="text"/>		
	RELIGIOUS ASSEMBLY		

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	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 420 FIFTH AVENUE		Client Apartment or Suite Number 7TH FL
	Client City* NEW YORK	Client State* NY	Client Zip Code* 10018
	Nature of Client's Business* DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES		

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	Compensation Category* 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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HI TECH AUTO GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3800 SOUTHWEST FREEWAY		STE 300
	Client City*	Client State*	Client Zip Code*
	HOUSTON	TX	77024
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="MANIFOLD REAL ESTATE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO BOX 200463"/>		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="78720"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

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	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1 BLACK & GOLD BLVD		Client Apartment or Suite Number <input type="text"/>
	Client City* COLUMBUS	Client State* OH	Client Zip Code* 43211
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* 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 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	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	INTREPID EQUITY INVESTMENTS LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	8140 N. MOPAC		SUITE 4-145
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78759
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* 2222 CAP. TEXAS, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 9811 KATY FREEWAY I		Client Apartment or Suite Number STE 925
	Client City* HOUSTON	Client State* TX	Client Zip Code* 77024
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

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	Compensation Category* \$0 (No Compensation Received)	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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* NRE EDGE LLC (NIMES REAL ESTATE LLC)		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1801 CENTURY PARK WEST		Client Apartment or Suite Number 5TH FLOOR
	Client City* LOS ANGELES	Client State* CA	Client Zip Code* 90067
	Nature of Client's Business* PROPERTY OWNER		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* NRE ION LLC (NIMES REAL ESTATE LLC)	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1801 CENTURY PARK WEST	Client Apartment or Suite Number 5TH FLOOR	
	Client City* LOS ANGELES	Client State* CA	Client Zip Code* 9000
	Nature of Client's Business* PROPERTY		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* NRE TOWN LAKE PROPERTY OWNER LLC (NIMES REAL ESTAT		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1801 CENTURY PARK WEST		Client Apartment or Suite Number 5TH FLOOR
	Client City* LOS ANGELES	Client State* CA	Client Zip Code* 90067
	Nature of Client's Business* PROPERTY OWNER		

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	Compensation Category* 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 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	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* FERGI AV LAND, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1800 LAVACA STREET		Client Apartment or Suite Number STE 110
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* PROPERTY OWNER		

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	Compensation Category* 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 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 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 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

Page 133 of 138 Revised:
3/16/2018



Lobbyist Reporting Form

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

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

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



Lobbyist Reporting Form

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

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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



Lobbyist Reporting Form

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

Section 6: Expenditure Totals

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

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

EXPENDITURE TOTALS (Blank values will be interpreted as \$0)	(\$) Reimbursement to Others	<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	Payee Title	Payee First Name*		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	<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	
	Department of City Official		Job Title of City Official	
PAYEE ADDRESS	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	Payee City*	Payee State*	Payee Zip Code*	
EXPENDITURE DETAILS	(\$) Expenditure Amount*	Expenditure Date*	Category*	
	Purpose of the Expenditure*			

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.

RICHARD SUTTLE

Typed Name

5/1/2018

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.