



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* AMANDA | Middle <input type="text"/> |
| | Last Name* MORROW | 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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| | 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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Add Additional Municipal Question

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| | 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) |
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| | 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) |
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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) |
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| | 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

- | | | |
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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: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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| | | | |
|---|---|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | ENTITLEMENTS RELATED TO LAND DEVELOPMENT | | |
| PROPERTY ADDRESS 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 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

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| | |
|---|--|
| 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: <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="MCCORMICK RANCH ON LAKE AUSTIN"/> | | |

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



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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 |
| | 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 |
| <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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| | | | |
|---|---|---------------------------------|------------------------------------|
| 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="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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| | | | |
|---|---|----------------------|---------------------------|
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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"/> | | <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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| | | | |
|---|---|-------|---------------------------|
| 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 |
| | 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 |
| <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 |
| | 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 |
| <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="1800 WESTLAKE PASS"/> | | <input type="text"/> |
| | City | State | Zip Code |
| | <input type="text" value="AUSTIN"/> | <input type="text" value="TX"/> | <input type="text" value="78746"/> |
| | 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

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Section 2: Municipal Question

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| | | | |
|---|---|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | ENTITLEMENTS RELATED TO LAND DEVELOPMENT | | |
| PROPERTY ADDRESS 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: | |

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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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|---|---|-------|---------------------------|
| 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 |
| | 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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|---|---|-------|---------------------------|
| 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 |
| | 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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Delete this page



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| | |
|---|--|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | ENTITLEMENTS RELATED TO LAND DEVELOPMENT |
| 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"/> | |

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 |
| | 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 | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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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="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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|---|---|---------------------------------|------------------------------------|
| 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="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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|---|---|-------|---------------------------|
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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 |
| | 304 E. CESAR CHAVEZ | | |
| | 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: | |

Add Additional Municipal Question

Delete this page



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Section 2: Municipal Question

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

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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 |
| | 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: | |

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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 S. CONGRESS AND RALPH ABLENADO | | Suite or Apartment Number |
| | City AUSTIN | State TX | Zip Code 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 | |
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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 |
| | 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 |
| <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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| | | | |
|---|---|---------------------------------|------------------------------------|
| 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="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"/> | |

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 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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| | | | |
|---|---|---------------------------------|------------------------------------|
| 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="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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| | | | |
|---|---|---------------------------------|------------------------------------|
| 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="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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|---|---|-------|---------------------------|
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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 |
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| <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 |
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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 |
| | 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 | |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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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 <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 |
| | 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 |

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



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| | | | |
|---|--|----------------------|---------------------------|
| 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"/> | |

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 |
| | <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"/> | |

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 |
| | 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 |
| <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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| | | | |
|---|---|-------|---------------------------|
| 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 |
| | 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 |
| <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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|---|---|---------------------------------|------------------------------------|
| 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="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 |
| <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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| | | | |
|---|---|-------|---------------------------|
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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 |
| <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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| | | | |
|---|---|-------|---------------------------|
| 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 |
| | 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 |
| <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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Section 2: Municipal Question

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- 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 |
| | 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 |
| <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 2: Municipal Question

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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="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"/> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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| | | | |
|---|---|---------------------------------|------------------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | ENTITLEMENTS RELATED TO LAND DEVELOPMENT | | |
| PROPERTY ADDRESS 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

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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="3207 FERGUSON LANE"/> | | <input type="text"/> |
| | City | State | Zip Code |
| | <input type="text" value="AUSTIN"/> | <input type="text" value="TX"/> | <input type="text" value="78754"/> |
| 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 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

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Section 3: Client

Section 3a: Client Information

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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* 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

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Section 3: Client

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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* 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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Section 3: Client

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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="GALLEGOS"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="5515 BALCONES DRIVE"/> | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* <input type="text" value="AUSTIN"/> | Client State* <input type="text" value="TX"/> | Client Zip Code* <input type="text" value="78731"/> |
| | 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

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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 |
| | CIRRUS LOGIC, INC | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* | | Client Apartment or Suite Number |
| | 800 W. 6TH | | |
| | Client City* | Client State* | Client Zip Code* |
| | AUSTIN | TX | 78701 |
| | Nature of Client's Business* | | |
| | 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 |
| | \$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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| | | | |
|---|--|--|---|
| 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

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| | | | |
|---|--|--------------------|----------------------------------|
| 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 |
| | ENDEAVOR REAL ESTATE GROUP, LLC | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* | | Client Apartment or Suite Number |
| | 500 W. 5TH STREET | | STE 700 |
| | 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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Section 3: Client

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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="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



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| | | | |
|---|--|--|--|
| 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

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="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

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* 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



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"/> |
| | 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

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 |
| | LINCOLN PROPERTY COMPANY | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* | | Client Apartment or Suite Number |
| | 2000 MCKINNEY AVE | | STE 100 |
| | Client City* | Client State* | Client Zip Code* |
| | DALLAS | TX | 75201 |
| | 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* <input type="text" value="MCHALE"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="111 CONGRESS AVE"/> | | Client Apartment or Suite Number <input type="text" value="STE 3000"/> |
| | 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* 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 |
| | | | |
| | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | VELOCITY CREDIT UNION | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | 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* <input type="text" value="REDLEAF HIGHLAND, LLC"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="4015 GUADALUPE ST"/> | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* <input type="text" value="AUSTIN"/> | Client State* <input type="text" value="TX"/> | Client Zip Code* <input type="text" value="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="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* 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 |
| | | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | STREAM REALTY | | |
| | 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

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="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

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 |
| | DAVIS WAYNE FS, LLC | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* | | Client Apartment or Suite Number |
| | 3821 JUNIPER TRACE | | STE 207 |
| | Client City* | Client State* | Client Zip Code* |
| | AUSTIN | TX | 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* | (\$) | 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"/> |
| | less than \$10,000 | OR <input type="text"/> |
| | Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. | |
| | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/> | |

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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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* 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"/> | | |

* 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 | Client First Name* | Middle |
| | | | |
| | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | SPEEDY STOP FOOD STORES, LTD | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* | | Client Apartment or Suite Number |
| | P.O. BOX 1876 | | |
| | Client City* | Client State* | Client Zip Code* |
| | VICTORIA | TX | 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* | (\$) | 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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Section 3: Client

Section 3a: Client Information

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| | | | |
|---|--|--|--|
| 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

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="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



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="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



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 | Client First Name* | Middle |
| | | | |
| | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | OMNI HOTELS/BARTON CREEK CONFERENCE CENTER | | |
| 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 | |
| | 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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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

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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* 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

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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* 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

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Delete this page



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| | | | |
|---|--|--|--|
| 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



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| | | | |
|---|--|--|--|
| 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"/> | |

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| | | | |
|---|--|--------------------|----------------------------------|
| 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

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| | | | |
|---|--|--|--|
| 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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| | | | |
|---|--|--|--|
| 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



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Section 3: Client

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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

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

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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="BLENHEIM CORPORATION"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="4716 ST. JOHN'S DR"/> | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* <input type="text" value="DALLAS"/> | Client State* <input type="text" value="TX"/> | Client Zip Code* <input type="text" value="75205"/> |
| | Nature of Client's Business* <input type="text" value="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* <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* BROCK CONSULTING GROUP | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* P.O. BOX 160340 | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* AUSTIN | Client State* TX | Client Zip Code* 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* \$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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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* 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

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Delete this page



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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* 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"/> | | |

* Indicates a required field

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Delete this page



Lobbyist Reporting Form

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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* 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"/> | | |

* Indicates a required field

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Delete this page



Lobbyist Reporting Form

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

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| | | | |
|---|--|--|--|
| 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

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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* <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

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* HELPING HAND HOME FOR CHILDREN | | Client Suffix <input type="text"/> |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* 3804 AVENUE B | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* AUSTIN | Client State* TX | Client Zip Code* 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* \$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" 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

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Delete this page



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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 |
| | 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

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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* 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"/> |
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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* MEREDITH FAMILY REVOCABLE TRUST | | Client Suffix <input type="text"/> |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* 248 ADDIE ROY RD | | Client Apartment or Suite Number STE C200 |
| | 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"/> |
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| | 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* 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
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| | | | |
|------------------------|--|----|--|
| CLIENT COMPENSATION | Compensation Category* \$0 (No Compensation Received) | OR | (\$ Exact Amount <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* 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
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| | | | |
|------------------------|--|----|--|
| CLIENT COMPENSATION | Compensation Category* \$0 (No Compensation Received) | OR | (\$ Exact Amount <input type="text"/> |
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| | 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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| | | | |
|---|--|--|--|
| 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="PARKER"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="4213 HIDDEN CANYON COVE"/> | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* <input type="text" value="AUSTIN"/> | Client State* <input type="text" value="TX"/> | Client Zip Code* <input type="text" value="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 <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 <input type="text"/> | Client First Name* <input type="text"/> | Middle <input type="text"/> |
| | Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL | | Client Suffix <input type="text"/> |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* 2614 EXPOSITION BLVD | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* AUSTIN | Client State* TX | Client Zip Code* 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* \$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" 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

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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="RICE"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="54 RAINEY ST"/> | | Client Apartment or Suite Number <input type="text" value="#1004"/> |
| | 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,
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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* 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

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"/> | |
| | RYAN STREET & ASSOCIATES | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text"/> | Client Apartment or Suite Number <input type="text"/> | |
| | 2414 EXPOSITION BLVD | STE B-140 | |
| | Client City* <input type="text"/> | Client State* <input type="text"/> | Client Zip Code* <input type="text"/> |
| | AUSTIN | TX | 78703 |
| | 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 <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

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 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

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 UNIVERSITY OF TEXAS SYSTEM | | Client Suffix <input type="text"/> |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* 201 WEST 7TH STREET | | Client Apartment or Suite Number <input type="text"/> |
| | Client City* AUSTIN | Client State* TX | Client Zip Code* 78701 |
| | Nature of Client's Business* HIGHER 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* \$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* 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

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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* 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

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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* 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

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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* 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

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| | | | |
|---|--|--|--|
| 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="HYDE PARK BAPTIST CHURCH"/> | | Client Suffix <input type="text"/> |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="3901 SPEEDWAY"/> | | 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="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* 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 | Client First Name* | Middle |
| | | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | MANIFOLD REAL ESTATE | | |
| | Client Business Address* | | Client Apartment or Suite Number |
| | PO BOX 200463 | | |
| | Client City* | Client State* | Client Zip Code* |
| | AUSTIN | TX | 78720 |
| | 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* 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 <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="INTREPID EQUITY INVESTMENTS LLC"/> | Client Suffix <input type="text"/> | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Client Business Address* <input type="text" value="8140 N. MOPAC"/> | | Client Apartment or Suite Number <input type="text" value="SUITE 4-145"/> |
| | Client City* <input type="text" value="AUSTIN"/> | Client State* <input type="text" value="TX"/> | Client Zip Code* <input type="text" value="78759"/> |
| | Nature of Client's Business* <input type="text" value="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* <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* 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 | Client First Name* | Middle |
| | | | |
| CLIENT ADDRESS AND NATURE OF BUSINESS | Organization Name or Client Last Name, as applicable* | | Client Suffix |
| | FERGI AV LAND, LLC | | |
| | Client Business Address* | | Client Apartment or Suite Number |
| | 1800 LAVACA STREET | | STE 110 |
| | Client City* | Client State* | Client Zip Code* |
| | AUSTIN | TX | 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* | | (\$) | Exact Amount |
| | less than \$10,000 | OR | | |
| | Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. | | | |
| | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): | | | |
| | | | | |

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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

Section 4: Employee

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

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

| | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|--|-----------|-------------|--|----------------------|----------------------|--|
| NO EMPLOYEES TO REPORT | <input 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

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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.

AMANDA MORROW

Typed Name

5/15/2018

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.