

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 First Name* LYNN ANN Last Name* CARLEY My employer is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employer is registered as a business entity, pays a behalf Entity/Organization Name*	an entity registrat	ion fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 100 CONGRESS AVE City* AUSTIN	Apartment or STE 1300 State* TX	Zip Code*
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 100 CONGRESS AVE City* AUSTIN	Apartment or STE 1300 State* TX	Zip Code*



	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			
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:			
Check all that apply	January April July October			
	☑ I am correcting the information provided on a previously filed report Previous Report Type: QAR: April Previous Report Date 4/10/2018			
	\Box I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.			



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 question3) 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	 This municipal question pertains to real property. *If cl description is required. Address 	hecked, either a prop Suite or Apartment N	, .
OR	70 PASCAL LANE		
LEGAL DESCRIPTION	City	State	Zip Code
	AUSTIN	ТХ	78746
	Property Legal Description		
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 721 CONGRESS AVE City AUSTIN Property Legal Description 	Suite or Apartment Suite or Apartment Suite or Apartment State	
Subject Matter(s)*: Check all sub	piect matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 8509 FM 969 City AUSTIN Property Legal Description 	Suite or Apartment M Suite or Apartment M State TX	,
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

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



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 4300 STAGGERBRUSH ROAD City AUSTIN Property Legal Description 	Suite or Apartment N Suite State	,
Subject Matter(s)*· Check all sub	niect matters that apply to the municipal question above		

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

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 710 WEST AVE City AUSTIN Property Legal Description 	hecked, either a prop Suite or Apartment I State TX	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

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

Add Additional Municipal Question



Section 2: **Municipal Question**

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address COLTON BLUFF SPRINGS RD City AUSTIN Property Legal Description 	Suite or Apartment	
Subject Matter(c)*, Check all sub	viact matters that apply to the municipal question above		

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

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If ch description is required. Address 6500 RR 2222 City AUSTIN Property Legal Description 	Suite or Apartment N Suite or Apartment N State TX	,
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

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



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 2300 CLOUD WAY City AUSTIN Property Legal Description 	hecked, either a prop Suite or Apartment I State TX	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

Accessibility or Persons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation	Historic Preservation	Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation	Human Rights or Immigration	Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	☐ Land Development or Land Use	Taxation or Fees
🔀 Code Compliance	Municipal Court	Technology or Communications
Construction	Municipal Legislation	☐ Transportation or Mobility
Contracts or Procurement	Neighborhoods	Zoning or Platting
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PROPERTY ADDRESS OR LEGAL DESCRIPTION City CEDAR CREEK Property Legal Description This municipal question pertains to real property. *If checked, either a property address or legal description is required. Suite or Apartment Number [SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
	OR LEGAL DESCRIPTION	description is required. Address NW QUADRANT OF PEARCE LN & WOLF LN INT City CEDAR CREEK Property Legal Description	Suite or Apartment	Number Zip Code

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

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPN	1ENT		
PROPERTY ADDRESS Address		al question pertains to re required.		ed, either a propetted, either a propetted by a propetted by a properties of the second by a pro	
OR					
LEGAL DESCRIPTION	City		Stat	te	Zip Code
	Broporty Logal Do	scription			
	Property Legal De				
Subject Matter(s)*: Check all sub	oject matters that	apply to the municipal q	uestion above		
Accessibility or Persons with	Disabilities	Environmental Matter Quality, or Watershee	rs, Air or Water d Protection	Permits (Buil	ding, Site Plans)
☑ Affordability		🔀 Finance, Budget, or In	vestments	Permits (Oth	er)
Animals		Health, Healthcare, M Human Services	lental Health, or		, Policy, Fire, EMS, or lanning and Response
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, I Center	Events, or Convention	Quality of Lif	e Affairs
Aviation		Human Rights or Imm	igration	🔀 Real Estate	
City Infrastructure or Public V	Vorks	Labor or Workforce		Rules, Propos	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Development or	Land Use	X Taxation or F	ees
Code Compliance		Municipal Court		Technology o	or Communications
Construction		Municipal Legislation		⊠ Transportatio	on or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pla	tting
Diversity, Equity, or Inclusion		Parks, Recreation, Lib	raries, or Museums		
Economic Development		Other:			



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS R	ELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS Address		bal question pertains to real property. *If ch is required.	necked, either a pro	
OR LEGAL DESCRIPTION				
	City		State	Zip Code
	Property Legal D	escription		
	MCCORMICK RA	NCH ON LAKE AUSTIN		
Subject Matter(s)*: Check all s	ubject matters tha	t apply to the municipal question above		
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	🔀 Permits (Bu	ilding, Site Plans)
Affordability		Finance, Budget, or Investments	🔀 Permits (Ot	her)
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	on 🗌 Quality of L	ife Affairs
Aviation		Human Rights or Immigration	🔀 Real Estate	
City Infrastructure or Public	: Works	Labor or Workforce	🔀 Rules, Prop	osed Rules, or Rule Making
Civil Service, Municipal Em Retirement Systems	ployment, or	∑ Land Development or Land Use	X Taxation or	Fees
Code Compliance		Municipal Court	Technology	or Communications
Construction		Municipal Legislation	🔀 Transportat	ion or Mobility
Contracts or Procurement		Neighborhoods	🔀 Zoning or P	latting
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums		
Economic Development		Other:		



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 220 S. CONGRESS AVE City AUSTIN Property Legal Description 	hecked, either a pro Suite or Apartment State TX	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

Accessibility or Persons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
☑ Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation	Historic Preservation	Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation	Human Rights or Immigration	Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems		X Taxation or Fees
🔀 Code Compliance	Municipal Court	Technology or Communications
∑ Construction	Municipal Legislation	Transportation or Mobility
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Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS	This municipa description is Address				r a property address or legal rtment Number
OR					
LEGAL DESCRIPTION	City			tata	Zip Code
	City			tate	
	Property Legal De	cription			
	PEARSON PLACE S	ECTION THREE			
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal	question above		
Accessibility or Persons with	Disabilities	Environmental Mat Quality, or Watersh		🔀 Perr	nits (Building, Site Plans)
Affordability		Finance, Budget, or	Investments	🔀 Perr	nits (Other)
Animals		Health, Healthcare, Human Services	Mental Health, or		lic Safety, Policy, Fire, EMS, or ergency Planning and Response
Annexation		Historic Preservatio	n		lic Utilities, Energy, Water, Solid Waste, Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism Center	n, Events, or Convention	🗌 Qua	lity of Life Affairs
Aviation		Human Rights or Im	migration	🔀 Rea	lEstate
City Infrastructure or Public \	Vorks	Labor or Workforce		🔀 Rule	es, Proposed Rules, or Rule Making
Civil Service, Municipal Emple Retirement Systems	oyment, or	☐ Land Development	or Land Use	🔀 Taxa	ation or Fees
Code Compliance		Municipal Court		Tech	hnology or Communications
Construction		Municipal Legislatic	n	🔀 Trar	nsportation or Mobility
Contracts or Procurement		Neighborhoods		🔀 Zoni	ing or Platting
Diversity, Equity, or Inclusion		Parks, Recreation, L	ibraries, or Museums		
Economic Development		Other:			



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PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 8701 MOPAC EXPRESSWAY City AUSTIN Property Legal Description 	Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	piect matters that apply to the municipal question above		

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



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	 This municipal question pertains to real property. *If cl description is required. Address 308 GUADALUPE STREET City AUSTIN Property Legal Description 	Suite or Apartment Suite or Apartment Suite or Apartment State	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		
	Environmental Matters, Air or Water		ilding Cito Dlana)

Environmental Matters, Air or Water Accessibility or Porsons with Disabilities

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



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	 This municipal question pertains to real property. *If cl description is required. Address 1800 WESTLAKE PASS City AUSTIN Property Legal Description 	Suite or Apartment I Suite or Apartment I State TX	
Subject Matter(s)*: Check all sub	piect matters that apply to the municipal question above		

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

Add Additional Municipal Question



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	 This municipal question pertains to real property. *If ch description is required. Address 5810 STEINER RANCH City AUSTIN Property Legal Description 	Suite or Apartment M Suite or Apartment M State TX	
Subject Matter(s)*: Check all sub	oject matters that apply to the municipal question above		

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 7200 MOPAC EXPRESSWAY City AUSTIN 	Suite or Apartment Number State TX TX The property address or Suite or Apartment Number TX	
Subject Matter(s)*: Check all sub	Property Legal Description		

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 610 E. 11TH STREET / 705 E. 12TH STREET City AUSTIN Property Legal Description 	Suite or Apartment Suite or Apartment State TX	

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

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

Add Additional Municipal Question



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 6001 AIRPORT ROAD City AUSTIN Property Legal Description 	hecked, either a prop Suite or Apartment I State TX	
Subject Matter(s)*: Check all sub	bject matters that apply to the municipal question above		

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



Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address or legal description is required.			
OR	Address		Suite or Apartment N	Number
LEGAL DESCRIPTION				
	City		State	Zip Code
	Property Legal De	scription		
Subject Matter(c)*: Check all sub	vioct mattors that	apply to the municipal question above		
Subject Matter (s) . Check all suc	ject matters that			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	🔀 Permits (Bu	ilding, Site Plans)
Affordability		Finance, Budget, or Investments	🔀 Permits (Ot	her)
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation		ies, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conven Center		
Aviation		Human Rights or Immigration	🔀 Real Estate	
City Infrastructure or Public V	Vorks	Labor or Workforce	🔀 Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Development or Land Use	X Taxation or	Fees
Code Compliance		Municipal Court	Technology	or Communications
Construction		Municipal Legislation	🔀 Transportat	ion or Mobility
Contracts or Procurement		⊠ Neighborhoods	🔀 Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museun	ns	
Economic Development		Other: CODENEXT		



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	 This municipal question pertains to real property. *If c description is required. Address 	hecked, either a pro	
OR LEGAL DESCRIPTION	425 W. RIVERSIDE		
	City	State	Zip Code
	AUSTIN	ТХ	78704
	Property Legal Description		
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS F	RELATED TO LAND DEVELOPMI	ENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	This munici description Address 916 CONGRESS City AUSTIN Property Legal E			e or Apartment Nu e	5
Subject Matter(s)*: Check all sub	oject matters that	at apply to the municipal qu	lestion above		
Accessibility or Persons with	Disabilities	Environmental Matters Quality, or Watershed		Permits (Build	ding, Site Plans)

	Quality, or Watershed Protection	
Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation	Historic Preservation	Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation	Human Rights or Immigration	🔀 Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	∑ Land Development or Land Use	X Taxation or Fees
Code Compliance	Municipal Court	Technology or Communications
Construction	Municipal Legislation	☐ Transportation or Mobility
Contracts or Procurement	Neighborhoods	∑ Zoning or Platting
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums	
Economic Development	Other:	



Add Additional Municipal Question

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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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	 This municipal question pertains to real property. *If cl description is required. Address 1112 S. 8TH STREET City AUSTIN Property Legal Description 	hecked, either a pro Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

Accessibility or Persons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation	Historic Preservation	Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation	Human Rights or Immigration	Real Estate
City Infrastructure or Public Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	∑ Land Development or Land Use	X Taxation or Fees
Code Compliance	Municipal Court	Technology or Communications
Construction	Municipal Legislation	Transportation or Mobility
Contracts or Procurement	Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums	
Economic Development	Other:	
Add Additional Municipal Quartian	Dalata	Page 27 of 138 Revised:

Delete this page

3/16/2018



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	 This municipal question pertains to real property. *If ch description is required. Address 304 E. CESAR CHAVEZ City AUSTIN Property Legal Description 	necked, either a prop Suite or Apartment N State TX	,	
Subject Matter(s)*: Check all subject matters that apply to the municipal question above				

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT			
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 1901 SAN ANTONIO STREET City AUSTIN Property Legal Description 	hecked, either a prop Suite or Apartment N State		
Subject Matter(s)*: Check all subject matters that apply to the municipal question above				

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address S. CONGRESS AND RALPH ABLENADO City AUSTIN Property Legal Description 	Suite or Apartment	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address NW CORNER OF SLAUGHTER AND IH-35 City AUSTIN Property Legal Description 	Suite or Apartment I Suite TX	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) \boxtimes Quality, or Watershed Protection ⋉ Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or Animals Human Services **Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation \boxtimes or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation Human Rights or Immigration 🔀 Real Estate

Labor or Workforce

Municipal Court

Neighborhoods

Municipal Legislation

⋉ Land Development or Land Use

Parks, Recreation, Libraries, or Museums

Civil Service, Municipal Employment, or
Retirement Systems

City Infrastructure or Public Works

Code Compliance

⊠ Construction

Contracts or Procurement

Diversity, Equity, or Inclusion

Economic Development

Other:

Delete this page

Rules, Proposed Rules, or Rule Making

Technology or Communications

Transportation or Mobility

Taxation or Fees

Zoning or Platting

Add Additional Municipal Question



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 5210 N LAMAR BLVD City AUSTIN 	Suite or Apartment Number State Zip Code TX 78751	
Subject Matter(s)*: Check all sub	Property Legal Description		

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REI	LATED TO LAN	ID DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is Address	• •	ertains to real property. *If c		either a prop or Apartment N	
OR						
LEGAL DESCRIPTION	City			State	ite Zip Code	
]		
	Drenents Level De	1				
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities		nental Matters, Air or Water or Watershed Protection	\triangleright] Permits (Bui	lding, Site Plans)
X Affordability		Finance,	Budget, or Investments	\geq	Permits (Oth	er)
Animals		Health, I Human	Healthcare, Mental Health, or Services			r, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation	\geq	Public Utilitie or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion] Quality of Lif	e Affairs
Aviation		🗌 Human I	Rights or Immigration	\geq	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	\geq	Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	🔀 Land De	velopment or Land Use	\geq	Taxation or I	ees
Code Compliance		Municip	al Court	\triangleright	Technology	or Communications
Construction		Municip	al Legislation	\triangleright] Transportati	on or Mobility
Contracts or Procurement		🔀 Neighbo	orhoods	\geq	Coning or Pla	atting
Diversity, Equity, or Inclusion		🔀 Parks, R	ecreation, Libraries, or Museum	S		
Economic Development		Other:	INTERACTIVE WAYFINDING	TECHNOI	JOGY	



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS F	RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION			hecked, either a Suite or Apartn State TX	
Subject Matter(s)*: Check all sub	ject matters that	at apply to the municipal question above		
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water	🕅 Permit	ts (Building, Site Plans)

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



Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 8212 BARTON CLUB DR City AUSTIN Property Legal Description 	hecked, either a pro Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	pject matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS F	RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	This munici description Address OLD HWY 20 City MANOR Property Legal E		perty. *If checked, either a Suite or Apartn State TX	
	<u> </u>			
Subject Matter(s)*: Check all sub	oject matters that	at apply to the municipal questio	n above	
Accessibility or Persons with	Disabilities	Environmental Matters, Air of Quality, or Watershed Protect	or Water 🛛 🔀 Permit	ts (Building, Site Plans)

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address E. STATE HWY 71 City DEL VALLE Property Legal Description 	hecked, either a pro Suite or Apartment I State TX	
Cubicat Mattar(a) *. Chook all sub	vient matters that apply to the municipal question above		

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

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	description is	al question pertains to real property. *If cl s required.	hecked, either a property address or legal	
OR	Address		Suite or Apartment Number	
LEGAL DESCRIPTION	City		State Zip Code	
	Property Legal De	oscription		
			LVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6	010
			LVIN IVIE SUDD & ADS 60 SUR 75 DELL AF ACK 10.0	010
Subject Matter(s)*: Check all sub	oject matters that	t apply to the municipal question above		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)	
Affordability		Finance, Budget, or Investments	Permits (Other)	
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic Preservation	Public Utilities, Energy, Water, Solid Wa or Recycling	aste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on Quality of Life Affairs	
Aviation		Human Rights or Immigration	Real Estate	
City Infrastructure or Public V	Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Development or Land Use	X Taxation or Fees	
Code Compliance		Municipal Court	Technology or Communications	
Construction		Municipal Legislation	Transportation or Mobility	
Contracts or Procurement		Neighborhoods	Zoning or Platting	
Diversity, Equity, or Inclusion	I	Parks, Recreation, Libraries, or Museums	5	
Economic Development		Other:		



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES					
PROPERTY ADDRESS OR	This municipa description is Address	•	n pertains to real property. *If ch		either a prop or Apartment N	
LEGAL DESCRIPTION	City			State		Zip Code
	Property Legal De	scription				
		scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to th	ne municipal question above			
Accessibility or Persons with I	Disabilities	Enviro Qualit	onmental Matters, Air or Water sy, or Watershed Protection		Permits (Build)	ilding, Site Plans)
Affordability		🔀 Financ	ce, Budget, or Investments		Permits (Otl	her)
Animals			n, Healthcare, Mental Health, or n Services	Γ		y, Policy, Fire, EMS, or Planning and Response
Annexation		Histor	ic Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Waste, I
Arts, Music, Film, Cultural or Creative Industries		Hospit	tality, Tourism, Events, or Convention	on [] Quality of Li	fe Affairs
Aviation		🗌 Huma	n Rights or Immigration		🔇 Real Estate	
City Infrastructure or Public V	Vorks	Labor	or Workforce		🔇 Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	🔀 Land [Development or Land Use		Taxation or	Fees
Code Compliance		Munic	sipal Court	Γ	Technology	or Communications
Construction		Munic	cipal Legislation		🛾 Transportat	ion or Mobility
Contracts or Procurement		🔀 Neighl	borhoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion		🔀 Parks,	Recreation, Libraries, or Museums			
Economic Development		Other	:			



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 12971 POND SPRINGS ROAD City AUSTIN Property Legal Description 	Suite or Apartment N	
Subject Matter(s)*. Check all sub	niect matters that apply to the municipal question above		

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

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 508 WEST AVENUE City AUSTIN Property Legal Description 	Suite or Apartment	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT			
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 5521 SPRINGDALE ROAD City AUSTIN Property Legal Description 	Suite or Apartment State TX		
Subject Matter(s)*: Check all subject matters that apply to the municipal guestion above				

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number		
	6301 FM 2222		
	030111012222		
	City	State	Zip Code
	AUSTIN	ТХ	78737
	Property Legal Description		
Subject Matter(s)*: Check all subject matters that apply to the municipal question above			

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If c description is required. Address 1109 S. PLEASANT VALLEY City AUSTIN Property Legal Description 	Suite or Apartment	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 1600 WICKERSHAM LANE City AUSTIN Property Legal Description 	Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	 This municipal question pertains to real property. *If cl description is required. Address 	hecked, either a prop Suite or Apartment I	
OR	1225 S. PLEASANT VALLEY		
LEGAL DESCRIPTION	City	State	Zip Code
	AUSTIN	ТХ	78741
	Property Legal Description		
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 4700 E. RIVERSIDE DRIVE City AUSTIN Property Legal Description 	Suite or Apartment Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	 This municipal question pertains to real property. *If cl description is required. Address 1515 WICKERSHAM LANE City AUSTIN Property Legal Description 	necked, either a pro Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	ject matters that apply to the municipal question above		

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



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 question3) 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	 This municipal question pertains to real property. *If c description is required. Address 3207 FERGUSON LANE City AUSTIN Property Legal Description 	hecked, either a pro Suite or Apartment State TX	
Subject Matter(s)*: Check all sub	oject matters that apply to the municipal question above		

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



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 300 W. 6TH STREET Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number STE 2300 Client State* Client Zip Code* TX 78701
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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	nt compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	NELSEN PARTNERS, INC		
CLIENT	Client Business Address* 905 CONGRESS AVE	Client Apartment or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 8509 FM 696 Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number Client State* Client Zip Code* TX 78724
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* GALLEGOS	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 5515 BALCONES DRIVE Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number Client State* Client Zip Code* TX 78731
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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	CIRRUS LOGIC, INC	
CLIENT	Client Business Address* 800 W. 6TH	Client Apartment or Suite Number
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78701
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

Delete this page		
Page 54 of 138 Revised:		
3/16/2018		



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	CARMA TEXAS, INC		
CLIENT	Client Business Address* 11501 ALTERRA PKWY	Client Apartment or Suite Number STE 100	
ADDRESS AND NATURE OF BUSINESS	Client City*	Client State [*] Client Zip Code [*]	
	AUSTIN	TX 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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

Title Client First Name*	Middle
Business Address* 2. 5TH STREET City* N e of Client's Business* ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE 700 Client State* Client Zip Code* TX 78701
>	of Client's Business*

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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	Client Business Address*	Client Apartment or Suite Number
OLIENT	9515 TOWNE CENTRE DR.	
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	SAN DIEGO	CA 92121
NATURE OF	Nature of Client's Business*	
BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	_
	QUALICO CR, L.P.		
QUENT	Client Business Address* 1440 THE LAKES BLVD	Client Apartme	nt or Suite Number
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS AND NATURE OF	PFLUGERVILLE	ТХ	78660
	Nature of Client's Business*		
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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	Client Business Address*	Client Apartment or Suite Number
CLIENT	111 CONGRESS AVE	STE 1850
	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78701
NATURE OF	Nature of Client's Business*	
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT	

Section 3b: Client Compensation

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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11200 LAKELINE BLVD Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE 150 A Client State* Client Zip Code* TX 78717

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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	YETI COOLER, INC	
CLIENT	Client Business Address* 5301 SOUTHWEST PARKWAY	Client Apartment or Suite Number
ADDRESS	Client City*	Client State * Client Zip Code *
AND	AUSTTN	TX 78735
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		l	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation of	during the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	BRICKMAN]
CLIENT ADDRESS AND NATURE OF	Client Business Address* 2630 EXPOSITION BLVD Client City* AUSTIN Nature of Client's Business*	Client Apartmer STE 114 Client State* TX	t or Suite Number Client Zip Code [*] 78703
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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	CENTURY LAND HOLDINGS LLC	
CLIENT ADDRESS	Client Business Address* 6500 RIVER PLACE BLVD Client City* AUSTIN	Client Apartment or Suite Number Client State* Client Zip Code* TX 78730
AND NATURE OF BUSINESS	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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 7200 N. MOPAC Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number STE 450 Client State* Client Zip Code* TX 78731
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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2000 MCKINNEY AVE Client City* DALLAS Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE 100 Client State* Client Zip Code* TX 75201

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 Category*	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe		amount is required
	for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field

Delete this page		
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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 111 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE 3000 Client State* Client Zip Code* TX 78701

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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	MU 15 INVESTMENTS, LTD	
CLIENT ADDRESS AND NATURE OF	Client Business Address* 7200 N. MOPAC Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number STE 450 Client State* Client Zip Code* TX 78731
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 Category* \$0 (No Compensation Received)	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

* Indicates a required field

Delete this page		
Page 67 of 138 Revised:		
3/16/2018		



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	THE KUCERA COMPANY]
CLIENT ADDRESS AND	Client Business Address* 7200 N. MOPAC Client City* AUSTIN	Client Apartmer STE 450 Client State*	nt or Suite Number Client Zip Code* 78731
NATURE OF BUSINESS	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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clients and received no clients and received no clients reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	VELOCITY CREDIT UNION	
CLIENT ADDRESS	Client Business Address* 1717 W. 6TH STREET Client City* AUSTIN	Client Apartment or Suite Number STE 400 Client State* Client Zip Code* TX 78703
AND NATURE OF BUSINESS	Nature of Client's Business* FINANCIAL INSTITUTION	[X [78703

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*	Oli and Caffin	Middle
	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC	Client Suffix]
CLIENT	Client Business Address* 4015 GUADALUPE ST		nt or Suite Number
ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	SEAMLESS CAPITAL, L.P.		
CLIENT	Client Business Address* 4407 BEE CAVES RD	Client Apartment or Suite Number	
ADDRESS	Client City*	Client State [*] Client Zip Code [*]	
AND	AUSTIN	TX 78746	
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	7
	STREAM REALTY		
	Client Business Address* 515 CONGRESS AVE	Client Apartmer	nt or Suite Number
CLIENT ADDRESS AND NATURE OF	Client City*	Client State*	Client Zip Code*
	AUSTIN	ТХ	78701
	Nature of Client's Business*		
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 Category*		(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		
* Indicator a required field			

Indicates a required field



Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 515 CONGRESS AVE Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number STE 1400 Client State* Client Zip Code* TX 78701
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicates a required field			

indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation dur	ing the applicable
CLIENT NAME	Client Title Client First Name*	Mi	ddle
	DAVIS WAYNE FS, LLC		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 3821 JUNIPER TRACE Client City* AUSTIN Nature of Client's Business*	Client Apartment or STE 207 Client State* TX	Client Zip Code*
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	WHITE LODGING SERVICES CORPORATION	
CLIENT	Client Business Address* 701 E. 83RD AVE	Client Apartment or Suite Number STE 17
ADDRESS	Client City*	Client State [*] Client Zip Code [*]
AND	MERRILLVILLE	IN 46410
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	BARSHOP & OLES COMPANY	
CLIENT	Client Business Address* 801 CONGRESS AVE	Client Apartment or Suite Number STE 300
ADDRESS	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78701
NATURE OF	Nature of Client's Business*	
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT	

Section 3b: **Client Compensation**

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicates a required field			

indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	□ I represented no clients and received no client □ reporting period	t compensation during the applicable
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	Client Business Address* P.O. BOX 1876 Client City*	Client Apartment or Suite Number Client State* Client Zip Code*
AND NATURE OF	VICTORIA Nature of Client's Business*	TX 77902
		TX 77902

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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	HEB GROCERY STORES	
	Client Business Address*	Client Apartment or Suite Number
CLIENT		
	Client City*	Client State* Client Zip Code*
CLIENT ADDRESS AND		Client State [*] Client Zip Code [*]
ADDRESS	Client City*	
ADDRESS AND	Client City* SAN ANTONIO	

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	FASKEN OIL AND RANCH		
	Client Business Address*	Client Apartment or Suite Number	
CLIENT	3600 BEE CAVES ROAD	STE 200	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City*	Client State*Client Zip Code*	
	AUSTIN	TX 78746	
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	OBMSMG LLC	
	Client Business Address*	Client Apartment or Suite Number
OUENT	250 N. HARTFORD AVE	
CLIENT ADDRESS	Client City*	Client State [*] Client Zip Code [*]
AND	COLUMBUS	ОН 43222
NATURE OF	Nature of Client's Business*	
BUSINESS	TECHNOLOGY	

Section 3b: Client Compensation

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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4001 MAPLE AVENUE Client City* DALLAS Nature of Client's Business* HOSPITALITY	Client Apartment or Suite Number STE 600 Client State* Client Zip Code* TX 75219

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		I	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

Delete this page		
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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation of	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	-
	TITAN CAPITAL INVESTMENT GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 401 E. CITY AVE Client City* BALA CYNWYD Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartmen STE 812 Client State*	Client Zip Code [*]

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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	7
	GOVEIA COMMERCIAL REAL ESTATE		
QUENT	Client Business Address* 24855 DEL PRADO	Client Apartmer	nt or Suite Number
CLIENT ADDRESS AND NATURE OF	Client City*	Client State*	Client Zip Code*
	DANA POINT	СА	92629
	Nature of Client's Business*		
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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	HEB/ CHARES BUTT (HOLDSWORTH CENTER)	
CLIENT	Client Business Address* 646 SOUTH MAIN	Client Apartment or Suite Number
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	SAN ANTONIO	TX 78204
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	٦
	183 BLW, LP		
	Client Business Address*	Client Apartme	nt or Suite Number
OUENT	P.O. BOX 9190		
CLIENT	Client City*	Client State*	Client Zip Code [*]
AND	AUSTIN	ТХ	78766
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

Delete this page		
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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation c	luring the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	2501 W. BRAKER, L.P.]
CLIENT ADDRESS	Client Business Address* 1601 MOPAC EXPRESSWAY Client City* AUSTIN	Client Apartmen STE 175 Client State* TX	t or Suite Number Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		[78746

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier \Box reporting period	nt compensation during the applicable
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* 501 S. AUSTIN AVE Client City* GEORGETOWN Nature of Client's Business* AMBULATORY CARE	Client Apartment or Suite Number STE 1310 Client State* Client TX

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod fiolo			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	AUSTIN ACHIEVE SCHOOLS	
CLIENT	Client Business Address* 5908 MANOR ROAD	Client Apartment or Suite Number
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78723
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	AUSTIN BAPTIST CHURCH	
CLIENT	Client Business Address* 823 CONGRESS AVE	Client Apartment or Suite Number
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78701
NATURE OF	Nature of Client's Business*	
BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

Delete this page
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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	AUSTIN BOARD OF REALTORS		
CLIENT	Client Business Address* 4800 SPICEWOOD SPRINGS RD		nt or Suite Number
ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78759
NATURE OF BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

Delete this page
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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation d	uring the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	AUSTIN PARK, LLC		
	Client Business Address*		or Suite Number
CLIENT	700 12TH STREET	STE 220	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	GOLDEN	со	80401
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			·,
	Per City Code Section 4-8-6(A)(j), the exact co for compensation totaling \$500,000 or more.		amount is required
	If you selected "I Decline/Refuse to Report",	provide your	reason(s) (250 char. max):
* Indicatos a required field	1		

^{*} Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier \square reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	BLENHEIM CORPORATION	
CLIENT	Client Business Address* 4716 ST. JOHN'S DR	Client Apartment or Suite Number
ADDRESS	Client City*	Client State [*] Client Zip Code [*]
AND	DALLAS	TX 75205
NATURE OF	Nature of Client's Business*	
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 Category*	1	(\$) Exact Amount
	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact comper- for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	BROCK CONSULTING GROUP	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. BOX 160340 Client City* AUSTIN Nature of Client's Business* DECIDENTIAL DEAL SECARE OPERATION	Client Apartment or Suite Number Client State* Client Zip Code* TX 78716
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 Category* \$0 (No Compensation Received)	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation of	during the applicable
CLIENT NAME	Client Title Client First Name*	Oli and Caffin	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	7
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 823 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartmer	The or Suite Number Client Zip Code* 78701

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	compensation during the	applicable
CLIENT NAME	Client Title Client First Name*	Middle	
	CVR SHORELINE, L.P.		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 1601 S. MOPAC EXPRESSWAY Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite No STE D-175 Client State* Client TX 78746	Zip Code*
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	1iddle
	CWS CAPITAL PARTNERS, LLC		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 9606 N. MOPAC EXPRESSWAY Client City* AUSTIN	Client Apartment of STE 500 Client State* TX	Client Zip Code [*]
BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	DOWNTOWN AUSTIN ALLIANCE	
CLIENT	Client Business Address* 211 E. 7TH STREET	Client Apartment or Suite Number
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78701
NATURE OF	Nature of Client's Business*	
BUSINESS	ADVOCACY 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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field



Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	GABLES RESIDENTIAL		
QUENT	Client Business Address* 608 AUSTIN CENTER BLVD	Client Apartment or Suite Number	
CLIENT ADDRESS AND	Client City*	Client State [*] Client Zip Code [*]	
	AUSTIN	TX 78751	
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable *	Client Suffix
	HELPING HAND HOME FOR CHILDREN	
	Client Business Address*	Client Apartment or Suite Number
OUENT	3804 AVENUE B	
CLIENT ADDRESS	Client City*	Client State [*] Client Zip Code [*]
AND	AUSTIN	TX 78751
NATURE OF	Nature of Client's Business*	
BUSINESS	NON-PROFIT	

Section 3b: Client Compensation

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation c	luring the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	HPI REAL ESTATE & SERVICES INVESTMENT]
CLIENT ADDRESS AND NATURE OF	Client Business Address* 3600 N. CAPITAL OF TEXAS HWY Client City* AUSTIN Nature of Client's Business*	Client Apartmen BLDG B, STE 250 Client State*	t or Suite Number Client Zip Code* 78746
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable	
CLIENT NAME	lient Title Client First Name*		Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix]	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1316 S. CONGRESS AVE		nt or Suite Number	
	Client City* AUSTIN	Client State*	Client Zip Code* 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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable	
CLIENT NAME	Client Title Client First Name*		Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	7	
	MAGELLAN DEVELOPMENT GROUP, LLC			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 225 N. COLUMBUS DRIVE	Client Apartmer	nt or Suite Number	
	Client City*	Client State*	Client Zip Code*	
	CHICAGO	IL	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* MEREDITH FAMILY REVOCABLE TRUST	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 248 ADDIE ROY RD Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE C200 Client State* Client Zip Code* TX 78746
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 Category* \$0 (No Compensation Received)	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*	Oliont Cutfin	Middle
	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC	Client Suffix]
CLIENT	Client Business Address* 8208 LONG CANYON	Client Apartmer	nt or Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78730
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	PARKE PROPERITES I, L.P.	
CLIENT	Client Business Address* 1411 SLEDGE DRIVE Client City*	Client Apartment or Suite Number Client State* Client Zip Code*
ADDRESS AND NATURE OF	AUSTIN	TX 78734
BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \hfill \h$	t compensation of	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable* PARKER	Client Suffix]
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4213 HIDDEN CANYON COVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartmer	t or Suite Number Client Zip Code [*] 78746

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field

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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation during the applicable	
CLIENT NAME	Client Title Client First Name*	Middle	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	POWERFIN PARTNERS		
CLIENT ADDRESS	Client Business Address* 100 CONGRESS AVE	Client Apartment or Suite Number	
	Client City*	Client State [*] Client Zip Code [*]	
AND	AUSTIN	TX 78701	
NATURE OF BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle Client Suffix
	RAWSON SAUNDERS SCHOOL	
CLIENT ADDRESS	Client Business Address* 2614 EXPOSITION BLVD Client City*	Client Apartment or Suite Number Client State* Client Zip Code*
AND NATURE OF BUSINESS	AUSTIN Nature of Client's Business* EDUCATION	TX 78703

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	7
	REDDEHASE		
	Client Business Address* 715 GOLF CREST LN	Client Apartmer	nt or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78734
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	7
	REIT MANAGEMENT AND RESEARCH, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 255 WASHINGTON STREET Client City* NEWTON Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartmer STE 300 Client State* MA	nt or Suite Number Client Zip Code* 02458

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 54 RAINEY ST Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number #1004 Client State* Client Zip Code* TX 78701
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* ROBINSON RANCH	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* PO BOX 9556 Client City* AUSTIN Nature of Client's Business*	Client Apartment or Suite Number Client State* Client Zip Code* TX 78766
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field

Delete this page		
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Section 3a: Client Information

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

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

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

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 Category*	1	(\$) Exact Amount
	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact comper- for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client cor reporting period	npensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS	
CLIENT ADDRESS AND NATURE OF	4501 SPRINGDALE ROAD	Client Apartment or Suite Number Client State* Client Zip Code* X 78723
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name* Client First Name Client First Name Client Last Name, as applicable*	Client Suffix	Middle
	THE BROHN GROUP		
CLIENT ADDRESS	Client Business Address* 1550 TIMOTHY ROAD Client City* ATHENS	Client Apartmer STE 201 Client State*	Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	GA	30606

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	THE UNIVERSITY OF TEXAS SYSTEM	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 201 WEST 7TH STREET Client City* AUSTIN Nature of Client's Business* HIGHER EDUCATION	Client Apartment or Suite Number Client State* Client Zip Code* TX 78701

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 100 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Suite Number STE 225 Client State* Client Zip Code* TX 78701

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod fiolo			

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* TRAVIS HOTEL GROUP, LLC	Client Suffix
CLIENT ADDRESS AND NATURE OF	Client Business Address* 2711 N HASKELL AVE Client City* DALLAS Nature of Client's Business*	Client Apartment or Suite Number STE 2800 Client State* Client Zip Code* TX 75204
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

^{*} Indicates a required field

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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation d	uring the applicable
CLIENT NAME	Client Title Client First Name* Client First Name Client First Name	Client Suffix	Middle
	TRINE WOODS, LLC		
CLIENT ADDRESS AND	Client Business Address* 13945 U.S. HWY 183 N Client City* AUSTIN	Client Apartment STE D-190 Client State*	or Suite Number Client Zip Code* 78717
NATURE OF BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

CLIENT Client Title Client First Name* Middle NAME Organization Name or Client Last Name, as applicable* Client Suffix TRUDY'S TEXAS STAR, INC. Image: Client Suffix Image: Client Suffix CLIENT Client Business Address* Client Apartment or Suite Number ADDRESS AND Client City* Client State* Client Zip Code* AND NATURE OF Nature of Client's Business* Tx 78759	NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
TRUDY'S TEXAS STAR, INC.		Client Title Client First Name*	Middle
CLIENT Client Business Address* Client Apartment or Suite Number ADDRESS R #206 AND Client City* Client State* Client Zip Code* AUSTIN TX 78759		Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT 8133 MESA DR. #206 ADDRESS Client City* Client State* Client Zip Code* AND TX 78759		TRUDY'S TEXAS STAR, INC.	
BUSINESS	ADDRESS AND NATURE OF	8133 MESA DR. Client City* AUSTIN Nature of Client's Business*	#206 Client State* Client Zip Code*

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	W&G PARTNERSHIP	
	Client Business Address* 2801 VIA FORTUNA	Client Apartment or Suite Number
CLIENT		
ADDRESS	Client City*	Client State Client Zip Code
AND	AUSTIN	TX 78746
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3901 SPEEDWAY Client City* AUSTIN Nature of Client's Business* RELIGOUS ASSEMBLY	Client Apartment or Suite Number Client State* Client Zip Code* TX 78751

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicator a required field			

* Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation d	uring the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	MAJOR LEAGUE SOCCER (MLS)		
CLIENT	Client Business Address* 420 FIFTH AVENUE	Client Apartment	or Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	NEW YORK	NY	10018
NATURE OF	Nature of Client's Business*		
BUSINESS	DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIE	S	

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 Category*	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe		amount is required
	for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field

Delete this page
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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*	Client Suffix	Middle
	HI TECH AUTO GROUP]
CLIENT ADDRESS AND NATURE OF	Client Business Address* 3800 SOUTHWEST FREEWAY Client City* HOUSTON Nature of Client's Business*	Client Apartmer STE 300 Client State*	nt or Suite Number Client Zip Code [*] 77024
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien \Box reporting period	t compensation	during the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	٦
	MANIFOLD REAL ESTATE		
	Client Business Address*	Client Apartmer	nt or Suite Number
	PO BOX 200463		
CLIENT	Client City*	Client State*	Client Zip Code [*]
AND	AUSTIN	ТХ	78720
NATURE OF	Nature of Client's Business*		
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien $\hfill \square$ reporting period	t compensation d	luring the applicable
CLIENT NAME	Client Title Client First Name*		Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix	1
	PRECOURT SPORTS VENTURES, LLC		
CLIENT	Client Business Address* 1 BLACK & GOLD BLVD	Client Apartment	t or Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	он	43211
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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 Category*	1	(\$) Exact Amount
	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field

Delete this page
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Section 3a: Client Information

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

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

Client Title Client First Name*	M	liddle
Organization Name or Client Last Name, as applicable ^	Client Suffix	
Organization Name or Client Last Name, as applicable*	Client Suffix	
Client Business Address* 8140 N. MOPAC Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of SUITE 4-145 Client State*	Client Zip Code*
	lient Business Address* 140 N. MOPAC lient City* USTIN lature of Client's Business*	Ilient Business Address* Client Apartment of 140 N. MOPAC SUITE 4-145 Ilient City* Client State* IUSTIN TX Jature of Client's Business*

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 Category*	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe		amount is required
	for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", prov	ide your	reason(s) (250 char. max):
* Indicatos a roquirod field			

Indicates a required field

Delete this page
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Section 3a: **Client Information**

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation (during the applicable
CLIENT NAME	Client Title Client First Name* Client First Name Client First Name	Client Suffix	Middle
	2222 CAP. TEXAS, LLC]
CLIENT ADDRESS AND NATURE OF	Client Business Address* 9811 KATY FREEWAY I Client City* HOUSTON Nature of Client's Business*	Client Apartmer STE 925 Client State* TX	Client Zip Code*
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0 (No Compensation Received)	OR	
COMPENSATION		1	·
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a required field			

indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	NRE EDGE LLC (NIMES REAL ESTATE LLC)	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1801 CENTURY PARK WEST Client City* LOS ANGELES Nature of Client's Business* PROPERTY OWNER	Client Apartment or Suite Number 5TH FLOOR Client State* Client Zip Code* CA 90067

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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", prov	vide your	reason(s) (250 char. max):
* Indicatos a roquirod fiolo			

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	NRE ION LLC (NIMES REAL ESTATE LLC)	
CLIENT	Client Business Address* 1801 CENTURY PARK WEST	Client Apartment or Suite Number 5TH FLOOR
CLIENT	Client City*	Client State [*] Client Zip Code [*]
AND	LOS ANGELES	CA 9000
NATURE OF	Nature of Client's Business*	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		
* Indicatos a roquirod fiolo			

Indicates a required field

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Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title Client First Name*	Middle	
	NRE TOWN LAKE PROPERTY OWNER LLC (NIMES REAL ESTAT		
CLIENT	Client Business Address* 1801 CENTURY PARK WEST Client City*	Client Apartment or Suite Number 5TH FLOOR Client State* Client Zip Code*	
AND NATURE OF	LOS ANGELES Nature of Client's Business*	CA 90067	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is required
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		
* Indicatos a roquirod fiolo			

Indicates a required field



Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
	Organization Name or Client Last Name, as applicable* FERGI AV LAND, LLC	Client Suffix
CLIENT ADDRESS AND	Client Business Address* 1800 LAVACA STREET Client City* AUSTIN	Client Apartment or Suite Number STE 110 Client State* Client Zip Code* TX 78701
NATURE OF BUSINESS	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.

	Compensation Category*	_	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		J	
	Per City Code Section 4-8-6(A)(j), the exact competence for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		
* Indicatos a roquirod field			

Indicates a required field

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

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

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

* Indicates a required field

Add Another Employee Page



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.



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



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

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

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



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* This payee is a business or business interest of a City Off	Payee Suffix
	If yes, First Name of City Official	Last Name of City Official
	Department of City Official	Job Title of City Official
PAYEE	Payee Address/ PO Box*	Payee Apartment or Suite Number
ADDRESS	Payee City*	Payee State* Payee Zip Code*
EXPENDITURE	(\$) Expenditure Amount [*] Expenditure Date [*] Cat	egory*
DETAILS	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



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.

ΔΝΝ	CARLEY
AININ	CARLET

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.