Office Use Only ☐

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

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

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

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

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

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

* Indicates a required field

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REPORT TYPE * *Check all that apply*	☐ I am registering as a new lobbyist ☐ I am renewing my annual lobbyist registration ☒ I am updating my current registration information of my most recent Quarterly Activity Report ☐ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline: ☐ January ☐ April ☐ July ☐ October ☐ I am correcting the information provided on a previously filed report Previous Report Type: _____ Previous Report Date _____ ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.

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Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 70 PASCAL LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78746 Property Legal Description:

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

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

Add Additional Municipal Question | Delete this page

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 721 CONGRESS AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8509 FM 969 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78724 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 4300 STAGGERBRUSH ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78749 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 710 WEST AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: COLTON BLUFF SPRINGS RD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78744 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☒ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☒ Parks, Recreation, Libraries, or Museums
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 6500 RR 2222 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78730 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 2300 CLOUD WAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: NW QUADRANT OF PEARCE LN & WOLF LN INT Suite or Apartment Number: City: CEDAR CREEK State: TX Zip Code: 78612 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Other:
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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: City: State: Zip Code: Property Legal Description: LOT 1, PLEASANT HILL SUBDIVISION

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- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
- ☒ Transportation or Mobility
- ☒ Zoning or Platting

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 220 S. CONGRESS AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 823 CONGRESS AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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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: City: State: Zip Code: Property Legal Description: PEARSON PLACE SECTION THREE

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8701 MOPAC EXPRESSWAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 308 GUADALUPE STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1800 WESTLAKE PASS Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78746 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 5810 STEINER RANCH Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78732 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 7200 MOPAC EXPRESSWAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78731 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 610 E. 11TH STREET / 705 E. 12TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☒ Construction
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- ☒ Historic Preservation
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 6001 AIRPORT ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78752 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☒ Other: CODENEXT
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 425 W. RIVERSIDE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78704 Property Legal Description:

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

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

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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: 916 CONGRESS Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1112 S. 8TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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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: 304 E. CESAR CHAVEZ Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1901 SAN ANTONIO STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78705 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: S. CONGRESS AND RALPH ABLENADO Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: NW CORNER OF SLAUGHTER AND IH-35 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78745 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 5210 N LAMAR BLVD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78751 Property Legal Description:

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

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

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- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
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- ☐ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☒ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☒ Other: INTERACTIVE WAYFINDING TECHNOLOGY
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 413 NAVASOTA Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☒ Construction
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- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8212 BARTON CLUB DR Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78735 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: OLD HWY 20 Suite or Apartment Number: City: MANOR State: TX Zip Code: 78653 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
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- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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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: E. STATE HWY 71 Suite or Apartment Number: City: DEL VALLE State: TX Zip Code: 78617 Property Legal Description:

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

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

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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: City: State: Zip Code: Property Legal Description: LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6010

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
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- ☐ Health, Healthcare, Mental Health, or Human Services
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- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
- ☒ Transportation or Mobility
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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: 12971 POND SPRINGS ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78729 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
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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: 5521 SPRINGDALE ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78723 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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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: 6301 FM 2222 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78737 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1109 S. PLEASANT VALLEY ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78741 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☐ Construction
- ☐ Contracts or Procurement
- ☐ Diversity, Equity, or Inclusion
- ☐ Economic Development
- ☐ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☐ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☐ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☐ Rules, Proposed Rules, or Rule Making
- ☐ Taxation or Fees
- ☐ Technology or Communications
- ☐ Transportation or Mobility
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1600 WICKERSHAM LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78741 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☐ Construction
- ☐ Contracts or Procurement
- ☐ Diversity, Equity, or Inclusion
- ☐ Economic Development
- ☐ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☐ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1225 S. PLEASANT VALLEY ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78741 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☐ Construction
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- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☐ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 4700 E. RIVERSIDE DRIVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78741 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
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- ☐ Historic Preservation
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1515 WICKERSHAM LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78741 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
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- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☐ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 3207 FERGUSON LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78754 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☐ Human Rights or Immigration
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
- ☒ Transportation or Mobility
- ☒ Zoning or Platting

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 2033 E 5TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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- ☐ Technology or Communications
- ☒ Transportation or Mobility
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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: 501 NAVASOTA STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
- ☒ Transportation or Mobility
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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: 502 ONION STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
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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: 1402, 1406, AND 1410 E. 5TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (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: 2511 W. BRAKER LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78758 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
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- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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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: 4400 MESA WOODS DRIVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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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: City: State: Zip Code: Property Legal Description: LOT 1 VELOCITY TECHNOLOGY CENTER

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
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- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1600 S. LAMAR Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78704 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
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- ☒ Finance, Budget, or Investments
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- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1438 YAGER LANE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78753 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
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- ☒ Code Compliance
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- ☐ Health, Healthcare, Mental Health, or Human Services
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 3702 BLUESTEIN DRIVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78721 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 2552 GUADALUPE STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78705 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
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- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 109 E. 7TH STRTEET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 7016 RIBELEN RANCH DRIVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78750 Property Legal Description:

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

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

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Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 9505 STONELAKE BLVD. Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 15218 AND 15230 N. FM 620 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78717 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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- ☒ Transportation or Mobility
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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: 3803 AVENUE B Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78751 Property Legal Description:

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

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

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Delete this page

Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 501 BRAZOS STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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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: 4701 RED BLUFF ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	COMPLIANCE WITH VARIOUS CODE REQUIREMENTS
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 2400 S. CONGRESS AVENUE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78704 Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: PACITTI Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 300 W. 6TH STREET Client Apartment or Suite Number: STE 2300 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: NELSEN PARTNERS, INC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 905 CONGRESS AVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category*: less than $10,000 OR ($) Exact Amount: 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):

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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: ; Organization Name or Client Last Name, as applicable*: KIPP AUSTIN ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8509 FM 696 ; Client Apartment or Suite Number: ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78724 ; Nature of Client's Business*: EDUCATION

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

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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: Organization Name or Client Last Name, as applicable*: GALLEGOS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5515 BALCONES DRIVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

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Section 3a: Client Information

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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: Organization Name or Client Last Name, as applicable*: CIRRUS LOGIC, INC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 800 W. 6TH Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: TECHNOLOGY

Section 3b: Client Compensation

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

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

* Indicates a required field

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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: Organization Name or Client Last Name, as applicable*: CARMA TEXAS, INC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 11501 ALTERRA PKWY Client Apartment or Suite Number: STE 100 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78758 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: ENDEAVOR REAL ESTATE GROUP, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 500 W. 5TH STREET Client Apartment or Suite Number: STE 700 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

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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: Organization Name or Client Last Name, as applicable*: ORACLE Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9515 TOWNE CENTRE DR. Client Apartment or Suite Number: Client City*: SAN DIEGO Client State*: CA Client Zip Code*: 92121 Nature of Client's 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.

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

* Indicates a required field

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For each distinct client on whose behalf the individual 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: Organization Name or Client Last Name, as applicable*: QUALICO CR, L.P. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1440 THE LAKES BLVD Client Apartment or Suite Number: Client City*: PFLUGERVILLE Client State*: TX Client Zip Code*: 78660 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: RYAN COMPANIES, INC ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 111 CONGRESS AVE ; Client Apartment or Suite Number: STE 1850 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78701 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TAYLOR MORRISON OF TEXAS, INC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 11200 LAKELINE BLVD Client Apartment or Suite Number: STE 150 A Client City*: AUSTIN Client State*: TX Client Zip Code*: 78717 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: YETI COOLER, INC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5301 SOUTHWEST PARKWAY Client Apartment or Suite Number: STE 200 Client City*: AUSTTN Client State*: TX Client Zip Code*: 78735 Nature of Client's Business*: RETAILER

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: BRICKMAN Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2630 EXPOSITION BLVD Client Apartment or Suite Number: STE 114 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78703 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: CENTURY LAND HOLDINGS LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 6500 RIVER PLACE BLVD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78730 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: EURUS 8701 ATRIUM LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC Client Apartment or Suite Number: STE 450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: LINCOLN PROPERTY COMPANY Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2000 MCKINNEY AVE Client Apartment or Suite Number: STE 100 Client City*: DALLAS Client State*: TX Client Zip Code*: 75201 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: MCHALE Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 111 CONGRESS AVE Client Apartment or Suite Number: STE 3000 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: MU 15 INVESTMENTS, LTD ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC ; Client Apartment or Suite Number: STE 450 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78731 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: THE KUCERA COMPANY Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC Client Apartment or Suite Number: STE 450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: REDLEAF HIGHLAND, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4015 GUADALUPE ST Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78751 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: SEAMLESS CAPITAL, L.P. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4407 BEE CAVES RD Client Apartment or Suite Number: STE 421 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: STREAM REALTY Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 515 CONGRESS AVE Client Apartment or Suite Number: STE 1300 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: MVA-916, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 515 CONGRESS AVE Client Apartment or Suite Number: STE 1400 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: DAVIS WAYNE FS, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3821 JUNIPER TRACE Client Apartment or Suite Number: STE 207 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78738 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: WHITE LODGING SERVICES CORPORATION Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 701 E. 83RD AVE Client Apartment or Suite Number: STE 17 Client City*: MERRILLVILLE Client State*: IN Client Zip Code*: 46410 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: BARSHOP & OLES COMPANY Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 801 CONGRESS AVE Client Apartment or Suite Number: STE 300 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: SPEEDY STOP FOOD STORES, LTD Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: P.O. BOX 1876 Client Apartment or Suite Number: Client City*: VICTORIA Client State*: TX Client Zip Code*: 77902 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: HEB GROCERY STORES ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 646 SOUTH MAIN ; Client Apartment or Suite Number: ; Client City*: SAN ANTONIO ; Client State*: TX ; Client Zip Code*: 78204 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: FASKEN OIL AND RANCH Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3600 BEE CAVES ROAD Client Apartment or Suite Number: STE 200 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: OBMSMG LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 250 N. HARTFORD AVE Client Apartment or Suite Number: Client City*: COLUMBUS Client State*: OH Client Zip Code*: 43222 Nature of Client's Business*: TECHNOLOGY

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TITAN CAPITAL INVESTMENT GROUP, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 401 E. CITY AVE Client Apartment or Suite Number: STE 812 Client City*: BALA CYNWYD Client State*: PA Client Zip Code*: 19004 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: GOVEIA COMMERCIAL REAL ESTATE Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 24855 DEL PRADO Client Apartment or Suite Number: Client City*: DANA POINT Client State*: CA Client Zip Code*: 92629 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: HEB/ CHARES BUTT (HOLDSWORTH CENTER) Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 646 SOUTH MAIN Client Apartment or Suite Number: Client City*: SAN ANTONIO Client State*: TX Client Zip Code*: 78204 Nature of Client's Business*: EDUCATIONAL CENTER

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: 183 BLW, LP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: P.O. BOX 9190 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78766 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: 2501 W. BRAKER, L.P. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1601 MOPAC EXPRESSWAY Client Apartment or Suite Number: STE 175 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: AUSTIN ACHIEVE SCHOOLS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5908 MANOR ROAD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78723 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: AUSTIN BAPTIST CHURCH ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 823 CONGRESS AVE ; Client Apartment or Suite Number: STE 111 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78701 ; Nature of Client's 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.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: AUSTIN BOARD OF REALTORS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4800 SPICEWOOD SPRINGS RD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78759 Nature of Client's Business*: RESIDENTIAL REAL ESTATE ORGANIZATION

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: AUSTIN PARK, LLC ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 700 12TH STREET ; Client Apartment or Suite Number: STE 220 ; Client City*: GOLDEN ; Client State*: CO ; Client Zip Code*: 80401 ; Nature of Client's Business*: RESIDENTIAL REAL ESTATE ORGANIZATION

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: BLENHEIM CORPORATION Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4716 ST. JOHN'S DR Client Apartment or Suite Number: Client City*: DALLAS Client State*: TX Client Zip Code*: 75205 Nature of Client's Business*: RESIDENTIAL REAL ESTATE ORGANIZATION

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: BROCK CONSULTING GROUP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: P.O. BOX 160340 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78716 Nature of Client's Business*: RESIDENTIAL REAL ESTATE ORGANIZATION

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: CAPRIDGE PARTNERS, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 823 CONGRESS AVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: CVR SHORELINE, L.P. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1601 S. MOPAC EXPRESSWAY Client Apartment or Suite Number: STE D-175 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: CWS CAPITAL PARTNERS, LLC ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9606 N. MOPAC EXPRESSWAY ; Client Apartment or Suite Number: STE 500 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78759 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: DOWNTOWN AUSTIN ALLIANCE ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 211 E. 7TH STREET ; Client Apartment or Suite Number: STE 818 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78701 ; Nature of Client's 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.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: GABLES RESIDENTIAL Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 608 AUSTIN CENTER BLVD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78751 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: HELPING HAND HOME FOR CHILDREN Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3804 AVENUE B Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78751 Nature of Client's Business*: NON-PROFIT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: HPI REAL ESTATE & SERVICES INVESTMENT Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3600 N. CAPITAL OF TEXAS HWY Client Apartment or Suite Number: BLDG B, STE 250 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: LAMBERT Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1316 S. CONGRESS AVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX 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.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: MAGELLAN DEVELOPMENT GROUP, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 225 N. COLUMBUS DRIVE Client Apartment or Suite Number: STE 100 Client City*: CHICAGO Client State*: IL Client Zip Code*: 60601 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: MEREDITH FAMILY REVOCABLE TRUST Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 248 ADDIE ROY RD Client Apartment or Suite Number: STE C200 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: P & S INVESTMENTS I, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8208 LONG CANYON Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78730 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: PARKE PROPERITES I, L.P. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1411 SLEDGE DRIVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78734 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: PARKER Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4213 HIDDEN CANYON COVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: POWERFIN PARTNERS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVE Client Apartment or Suite Number: 17TH FLOOR Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: REDDEHASE Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 715 GOLF CREST LN Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78734 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: REIT MANAGEMENT AND RESEARCH, LLC ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 255 WASHINGTON STREET ; Client Apartment or Suite Number: STE 300 ; Client City*: NEWTON ; Client State*: MA ; Client Zip Code*: 02458 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: RICE ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 54 RAINEY ST ; Client Apartment or Suite Number: #1004 ; Client City*: AUSTIN ; Client State*: TX ; Client Zip Code*: 78701 ; Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: ROBINSON RANCH Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: PO BOX 9556 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78766 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4501 SPRINGDALE ROAD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78723 Nature of Client's Business*: RESTAURANTS

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: THE BROHN GROUP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1550 TIMOTHY ROAD Client Apartment or Suite Number: STE 201 Client City*: ATHENS Client State*: GA Client Zip Code*: 30606 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TRAMMELL CROW Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVE Client Apartment or Suite Number: STE 225 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TRAVIS HOTEL GROUP, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2711 N HASKELL AVE Client Apartment or Suite Number: STE 2800 Client City*: DALLAS Client State*: TX Client Zip Code*: 75204 Nature of Client's Business*: HOSPITALITY

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TRINE WOODS, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 13945 U.S. HWY 183 N Client Apartment or Suite Number: STE D-190 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78717 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: W&G PARTNERSHIP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2801 VIA FORTUNA Client Apartment or Suite Number: STE 525 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: ; Client First Name*: ; Middle: ; Organization Name or Client Last Name, as applicable*: MAJOR LEAGUE SOCCER (MLS) ; Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 420 FIFTH AVENUE ; Client Apartment or Suite Number: 7TH FL ; Client City*: NEW YORK ; Client State*: NY ; Client Zip Code*: 10018 ; Nature of Client's Business*: DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: HI TECH AUTO GROUP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3800 SOUTHWEST FREEWAY Client Apartment or Suite Number: STE 300 Client City*: HOUSTON Client State*: TX Client Zip Code*: 77024 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: MANIFOLD REAL ESTATE Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: PO BOX 200463 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78720 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: PRECOURT SPORTS VENTURES, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1 BLACK & GOLD BLVD Client Apartment or Suite Number: Client City*: COLUMBUS Client State*: OH Client Zip Code*: 43211 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: INTREPID EQUITY INVESTMENTS LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8140 N. MOPAC Client Apartment or Suite Number: SUITE 4-145 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78759 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: 2222 CAP. TEXAS, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9811 KATY FREEWAY I Client Apartment or Suite Number: STE 925 Client City*: HOUSTON Client State*: TX Client Zip Code*: 77024 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: NRE EDGE, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3100 MCKINNON STREET Client Apartment or Suite Number: STE 250 Client City*: DALLAS Client State*: TX Client Zip Code*: 75201 Nature of Client's Business*: PROPERTY OWNER

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: BP RIVERSIDE WEST, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3100 MCKINNON STREET Client Apartment or Suite Number: STE 250 Client City*: DALLAS Client State*: TX Client Zip Code*: 75201 Nature of Client's Business*: PROPERTY OWNER

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: NRE ZONE LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3100 MCKINNON STREET Client Apartment or Suite Number: STE 250 Client City*: DALLAS Client State*: TX Client Zip Code*: 75201 Nature of Client's Business*: PROPERTY OWNER

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: RIVERSIDE RESOURCES Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVENUE Client Apartment or Suite Number: STE 1450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: F&B CAPITAL, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 602 W. 7TH STREET Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: FIFTH & ONION 2016, LP Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVENUE Client Apartment or Suite Number: STE 1450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: TMINE, INC. Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9 W. 57TH STREET Client Apartment or Suite Number: Client City*: NEW YORK Client State*: NY Client Zip Code*: 10019 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: IDEA PUBLIC SCHOOLS Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1822 W. BRAKER LANE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78708 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: RED BLUFF PARTNERS, LLC Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 11036 ARROYO CANYON DRIVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78736 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

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

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

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

* Indicates a required field

Add Another Employee Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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

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

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

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

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

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

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

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

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

PAYEE NAME AND BUSINESS INTEREST	Payee Title Payee First Name* Organization Name or Payee Last Name, as applicable* Payee Suffix ☐ This payee is a business or business interest of a City Official If yes, First Name of City Official Last Name of City Official Department of City Official Job Title of City Official
PAYEE ADDRESS	Payee Address/ PO Box* Payee Apartment or Suite Number Payee City* Payee State* Payee Zip Code*
EXPENDITURE DETAILS	($) Expenditure Amount* Expenditure Date* Category* Purpose of the Expenditure*

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

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 8: Declaration and Electronic Submission

DECLARATION

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

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

JULIENNE NICKELLS	7/17/2018
Typed Name	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.