



# Lobbyist Reporting Form

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

Office Use Only ☐

## Section 1: Cover Sheet

Use this form to:

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

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

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

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

|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------|---------------------|------------|----|------------|--------|-----------|-----------|----|-------|---------------------------------------------------------------------------|--|--|
| LOBBYIST<br>NAME                                                                                                                        | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Alexandra</td><td>C.</td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>Jashinsky</td><td colspan="2"></td></tr><tr><td colspan="3"><input type="checkbox"/> My employer is a 501c(3) non-profit organization</td></tr></table> | Title                                                                                                                                   | First Name*               | Middle |                     | Alexandra  | C. | Last Name* | Suffix |           | Jashinsky |    |       | <input type="checkbox"/> My employer is a 501c(3) non-profit organization |  |  |
| Title                                                                                                                                   | First Name*                                                                                                                                                                                                                                                                                                                            | Middle                                                                                                                                  |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
|                                                                                                                                         | Alexandra                                                                                                                                                                                                                                                                                                                              | C.                                                                                                                                      |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| Last Name*                                                                                                                              | Suffix                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| Jashinsky                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| <input type="checkbox"/> My employer is a 501c(3) non-profit organization                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| EMPLOYING<br>ENTITY                                                                                                                     | <table><tr><td><input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</td></tr><tr><td>Entity/Organization Name*</td></tr><tr><td></td></tr></table>                                                                                                  | <input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf | Entity/Organization Name* |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| <input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| Entity/Organization Name*                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| LOBBYIST<br>PERMANENT BUSINESS<br>STREET ADDRESS                                                                                        | <table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>111 Congress Avenue</td><td colspan="2">Suite 1400</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>                                         | Permanent Business Street Address*                                                                                                      | Apartment or Suite Number |        | 111 Congress Avenue | Suite 1400 |    | City*      | State* | Zip Code* | Austin    | TX | 78701 |                                                                           |  |  |
| Permanent Business Street Address*                                                                                                      | Apartment or Suite Number                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| 111 Congress Avenue                                                                                                                     | Suite 1400                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| City*                                                                                                                                   | State*                                                                                                                                                                                                                                                                                                                                 | Zip Code*                                                                                                                               |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| Austin                                                                                                                                  | TX                                                                                                                                                                                                                                                                                                                                     | 78701                                                                                                                                   |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| LOBBYIST<br>BUSINESS MAILING<br>ADDRESS                                                                                                 | <table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>111 Congress Avenue</td><td colspan="2">Suite 1400</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>                                                  | Business Mailing Address*                                                                                                               | Apartment or Suite Number |        | 111 Congress Avenue | Suite 1400 |    | City*      | State* | Zip Code* | Austin    | TX | 78701 |                                                                           |  |  |
| Business Mailing Address*                                                                                                               | Apartment or Suite Number                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| 111 Congress Avenue                                                                                                                     | Suite 1400                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| City*                                                                                                                                   | State*                                                                                                                                                                                                                                                                                                                                 | Zip Code*                                                                                                                               |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |
| Austin                                                                                                                                  | TX                                                                                                                                                                                                                                                                                                                                     | 78701                                                                                                                                   |                           |        |                     |            |    |            |        |           |           |    |       |                                                                           |  |  |

\* Indicates a required field



## Lobbyist Reporting Form

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

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.



# 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* | Lobbying on behalf of 69 Grandview LP regarding various land development/zoning issues.                                                              |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of 720 Lamar Place regarding various land development issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of 1803 Sharon, LLC regarding various land development issues.                                                                    |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of AECOM regarding various procurement and contract issues.                                                                       |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of APC thinkEAST regarding various land development issues.                                                                       |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page

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|                                                 |                                                                                                                                                      |                           |          |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Aquila Commercial, LLC regarding various land development and entitlement issues.                                              |                           |          |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                           |          |
|                                                 | Address                                                                                                                                              | Suite or Apartment Number |          |
|                                                 | City                                                                                                                                                 | State                     | Zip Code |
|                                                 | Property Legal Description                                                                                                                           |                           |          |

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

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

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of Argyle Residential, LLC regarding various land development issues.                                                                        |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 3212 E. Cesar Chavez Street                                                                                                                                     |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78702                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page

Page 9 of 202 Revised: 3/16/2018



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Artek Investments, LLC regarding appeal of variance request.                                                                              |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 9406 Morninghill Drive                                                                                                                                          |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78737                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Asana Partners, LP regarding permitting issues.                                                                                           |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 323 Congress Avenue                                                                                                                                             |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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

|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Atlantic Housing Foundation, Inc. regarding various land development/zoning issues.                                            |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Atlantic Pacific Communities, LLC regarding various land development issues.                                                   |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Atlas Defense regarding various procurement issues.                                                                            |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of ATX Film & Television Studios, Inc. regarding various easement issues.                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Austin Convention Enterprises regarding various land development issues.                                                       |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Austin Renaissance, Ltd. regarding various land development/zoning issues.                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of AXF Development regarding various land development/zoning issues.                                                              |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Jerri Hudson Bell regarding permitting issue.                                                                                             |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 903 West 18th Street                                                                                                                                            |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Berns Commercial Properties regarding various land development/zoning issues.                                                  |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of David Beseda regarding various land development issues.                                                                                   |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 5900 Riverside Drive                                                                                                                                            |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78741                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Bouldin Creek Neighborhood Association regarding various land development issues.                                              |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Carollo Engineers regarding various procurement issues.                                                                        |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                      |       |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of John Chen regarding various land development issues.                                                                           |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                              |       | Suite or Apartment Number |
|                                                 |                                                                                                                                                      |       |                           |
|                                                 | City                                                                                                                                                 | State | Zip Code                  |
|                                                 |                                                                                                                                                      |       |                           |
|                                                 | Property Legal Description                                                                                                                           |       |                           |
|                                                 |                                                                                                                                                      |       |                           |

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

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

Add Additional Municipal Question

Delete this page





# 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
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- 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* | Lobbying on behalf of Wenkai Chen regarding various zoning issues.                                                                                              |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1211 Cedar Avenue                                                                                                                                               |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78702                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# 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
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- 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* | Lobbying on behalf of Circuit of the Americas regarding various land development issues.                                                                        |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 9201 Circuit of the Americas Blvd.                                                                                                                              |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78617                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of CMST Development regarding various land development/zoning issues.                                                             |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Continental Cars, Inc. regarding various permitting issues.                                                                    |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of D.R. Horton regarding various zoning issues.                                                                                   |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Delta 2, LLC regarding various land development/zoning issues.                                                                 |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                      |       |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Eskew Place, Ltd. egarding various land development issues.                                                                    |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                              |       | Suite or Apartment Number |
|                                                 |                                                                                                                                                      |       |                           |
|                                                 | City                                                                                                                                                 | State | Zip Code                  |
|                                                 |                                                                                                                                                      |       |                           |
|                                                 | Property Legal Description<br><div></div>                                                                                                            |       |                           |

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

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

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
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- 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* | Lobbying on behalf of Eureka Holdings regarding various land development issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Eveann Investments, LP regarding various land development issues.                                                                         |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2109 & 2111 Fortview                                                                                                                                            |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78704                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of F. Scott Holdings, LLC regarding various land development issues.                                                                         |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1507,1509,1511,1601,1603 Shoal Creek Blv                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# 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 * | Lobbying on behalf of Fine Line Diversified Development regarding various zoning issues.                                                              |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION      | <input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required. |       |                           |
|                                                  | Address                                                                                                                                               |       | Suite or Apartment Number |
|                                                  |                                                                                                                                                       |       |                           |
|                                                  | City                                                                                                                                                  | State | Zip Code                  |
|                                                  |                                                                                                                                                       |       |                           |
| Property Legal Description                       |                                                                                                                                                       |       |                           |
|                                                  |                                                                                                                                                       |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Forestar (USA) Real Estate Group regarding various land development issues.                                                    |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Foundation Communities, Inc. regarding various zoning issues.                                                                  |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Frontier Bank of Texas regarding various land development issues.                                                              |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Anthony George regarding various permit issues.                                                                                |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Steve Greenberg regarding various land development issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Griffin School, Inc. regarding various zoning issues.                                                                          |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Navid Hoomanrad regarding various land development issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Hunt Development Group, LLC regarding various land development issues.                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of IMPACT Developers, LLC regarding various land development issues.                                                              |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Insurance Auto Auctions regarding various zoning issues.                                                                       |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of Intergalactic Holdings, LLC regarding site permit issues.                                                                      |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Journeyman Austin Holdings, Inc. regarding various land development issues.                                                    |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of KML, Inc. regarding various land development and entitlement issues.                                                                      |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 3300 Manor Road                                                                                                                                                 |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78723                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |       |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of KMS Maconda LLC regarding various land development and entitlement issues.                                                     |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                              |       | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |       | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | TX    | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |       |                           |
|                                                 | <input type="text"/>                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of David Knapp regarding various appeal of variance request.                                                                                 |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 9406 Morninghill Drive                                                                                                                                          |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78737                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Krug Development regarding various land development issues.                                                                               |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2510 S. Congress Avenue                                                                                                                                         |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78704                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                           |          |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Kurtz/Zirkelbach Lifetime Trusts regarding various land development/zoning issues.                                             |                           |          |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                           |          |
|                                                 | Address                                                                                                                                              | Suite or Apartment Number |          |
|                                                 | City                                                                                                                                                 | State                     | Zip Code |
|                                                 | Property Legal Description                                                                                                                           |                           |          |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of LDG Development, LLC regarding various land development/zoning issues.                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Lippincott Capital, Ltd. regarding various land development issues.                                                                       |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1403 Eva Street & 110 W. Elizabeth Stree                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78704                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of Longhorn Meat Market regarding code compliance issues.                                                                                    |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2411 E. Martin Luther King, Jr. Blvd.                                                                                                                           |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78702                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Lost Creek Neighborhood Association regarding various land development issues.                                                 |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Jesse Lunsford regarding various land development issues.                                                                                 |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 3235 E. Cesar Chavez, 1814 E. MLK Jr. Blv                                                                                                                       |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78702                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

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* | Lobbying on behalf of Maconda Park Co., LP regarding various land development and entitlement issues.                                                |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Madhouse Development Services, Inc. regarding various land development/zoning issues.                                          |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Manchaca Village Veterinary Care regarding various land development issues.                                                    |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

- 1) a specific description of each municipal question
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- 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* | Lobbying on behalf of John F. McCracken regarding various permitting issues.                                                                                    |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 13108 Travis View Loop                                                                                                                                          |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78732                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Daniel R. Mitchell regarding various land development issues.                                                                             |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2311 Lafayette                                                                                                                                                  |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78722                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Mill Creek Residential Trust regarding various land development issues.                                                        |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Sohil Momin regarding various land development issues.                                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of J. Lloyd Moore regarding various land development and permitting issues.                                                       |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Lampros Moumouris regarding permit/zoning issues.                                                                              |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of MTG Management, Inc. regarding various land development/zoning issues.                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Carolyn Elizabeth Neal regarding various land development issues.                                                                         |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1507,1509,1511,1601,1603 Shoal Creek Blv                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# 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* | Lobbying on behalf of Frances Scott Neal regarding various land development issues.                                                                             |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1507,1509,1511,1601,1603 Shoal Creek Blv                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of John Scott Neal regarding various land development issues.                                                                                |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1507,1509,1511,1601,1603 Shoal Creek Blv                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of Neal (Shoal Creek Property) Family Limited Partnership regarding various land development/zoning issues.                                  |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1507,1509,1511,1601,1603 Shoal Creek Blv                                                                                                                        |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of Pinnacle Real Estate & Management Company regarding various land development issues.                                           |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Pressler RRI, LP regarding various land development issues.                                                                               |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 300 & 315 Pressler Street                                                                                                                                       |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78703                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Reagan National Advertising, Inc. regarding various land development issues.                                                   |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                        |                                                                                                                                                      |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Wayne Reaud regarding various public works/right-of-way issues.                                                                |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |
|                                                        | Address <span style="float: right;">Suite or Apartment Number</span>                                                                                 |
|                                                        | <input style="width: 60%;" type="text"/> <input style="width: 40%;" type="text"/>                                                                    |
|                                                        | City <span style="float: right;">State <span style="margin-left: 20px;">Zip Code</span></span>                                                       |
|                                                        | <input style="width: 60%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>                           |
|                                                        | Property Legal Description                                                                                                                           |
|                                                        | <input type="text"/>                                                                                                                                 |

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

- |                                                                                     |                                                                                               |                                                                                               |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability                                              | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)                                                      |
| <input type="checkbox"/> Animals                                                    | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation                                                 | <input type="checkbox"/> Historic Preservation                                                | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs                                              |
| <input type="checkbox"/> Aviation                                                   | <input type="checkbox"/> Human Rights or Immigration                                          | <input type="checkbox"/> Real Estate                                                          |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce                                                   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees                                                     |
| <input type="checkbox"/> Code Compliance                                            | <input type="checkbox"/> Municipal Court                                                      | <input type="checkbox"/> Technology or Communications                                         |
| <input type="checkbox"/> Construction                                               | <input type="checkbox"/> Municipal Legislation                                                | <input checked="" type="checkbox"/> Transportation or Mobility                                |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods                                                        | <input type="checkbox"/> Zoning or Platting                                                   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |                                                                                               |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input style="width: 400px;" type="text"/>                    |                                                                                               |

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

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

|                                                        |                                                                                                                                                      |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Riverside Resources Investments, Ltd. regarding various land development issues.                                               |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |
|                                                        | Address <span style="float: right;">Suite or Apartment Number</span>                                                                                 |
|                                                        | <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>                                                                    |
|                                                        | City <span style="float: right;">State <span style="margin-left: 20px;">Zip Code</span></span>                                                       |
|                                                        | <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>                                                                    |
|                                                        | Property Legal Description                                                                                                                           |
|                                                        | <input type="text"/>                                                                                                                                 |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Roberts Resorts regarding various land development issues.                                                                                |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 11820 Pearce Lane                                                                                                                                               |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78617                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                  |                                                                                                                                                       |       |                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION * | Lobbying on behalf of Sabot Development, Ltd. regarding various land development issues.                                                              |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION      | <input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required. |       |                           |
|                                                  | Address                                                                                                                                               |       | Suite or Apartment Number |
|                                                  |                                                                                                                                                       |       |                           |
|                                                  | City                                                                                                                                                  | State | Zip Code                  |
|                                                  |                                                                                                                                                       |       |                           |
|                                                  | Property Legal Description                                                                                                                            |       |                           |
|                                                  |                                                                                                                                                       |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Sandstone Ventures, LLC regarding various zoning issues.                                                                       |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of SKV-Villas regarding public restrictive covenant and termination.                                                                         |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 80 Red River Street                                                                                                                                             |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of South River City Citizens Association regarding various zoning issues.                                                         |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Telvending Corp. regarding various land development issues.                                                                               |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2008 Fortview & 4204 Manchaca                                                                                                                                   |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78704                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of The Parke at Travis Country COA regarding various zoning issues.                                                               |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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- 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* | Lobbying on behalf of The Renters Club regarding various permitting issues.                                                                          |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of The Stainback Organization regarding various land development and entitlement issues.                                          |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of The Sutton Company regarding various land development/zoning issues.                                                           |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of The Trail Foundation regarding various land development issues.                                                                           |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 |                                                                                                                                                                 |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 |                                                                                                                                                                 |       |                           |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 | North Shore of Butler Hike & Bike Trail under Ann Richards Congress Avenue Bridge                                                                               |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Travis County Courthouse Development Partners, LLC regarding land development, zoning and entitlement issues.                             |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 1700 Guadalupe Street                                                                                                                                           |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Travis County Healthcare District a/k/a Central Health regarding zoning site development.                                                 |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 601 East 15th Street                                                                                                                                            |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78701                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Trilogy Enterprises, Inc. regarding various zoning issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of TWC-1626, LLC regarding various zoning issues.                                                                                            |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2211 W. FM 1626 Rd.                                                                                                                                             |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78652                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Victory Medical Center regarding various land development issues.                                                                         |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2109 & 2111 Fortview                                                                                                                                            |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78704                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page



# 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
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- 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* | Lobbying on behalf of Vortex Repertory Theater regarding various land development issues.                                                            |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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- 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.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                         |                           |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|----------------------|----------------------|------|-------|----------|----------------------|----------------------|----------------------|----------------------------|----------------------|--|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Marcus Whitfield regarding various land development issues.                                                                                                                                                                                                                                                                                                       |                           |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.                                                                                                                                                                                                                                    |                           |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
|                                                        | <table><tr><td>Address</td><td>Suite or Apartment Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Property Legal Description</td><td colspan="2"><input type="text"/></td></tr></table> | Address                   | Suite or Apartment Number | <input type="text"/> | <input type="text"/> | City | State | Zip Code | <input type="text"/> | <input type="text"/> | <input type="text"/> | Property Legal Description | <input type="text"/> |  |
|                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                 | Suite or Apartment Number |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
|                                                        | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>      |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
| City                                                   | State                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code                  |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
| <input type="text"/>                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>      |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |
| Property Legal Description                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    |                           |                           |                      |                      |      |       |          |                      |                      |                      |                            |                      |  |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Whitfield-Chen Development Company regarding various land development issues.                                                  |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

|                                                 |                                                                                                                                                                 |       |                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Jim Whorton regarding various zoning issues.                                                                                              |       |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|                                                 | Address                                                                                                                                                         |       | Suite or Apartment Number |
|                                                 | 2800 Barton Creek Blvd.                                                                                                                                         |       |                           |
|                                                 | City                                                                                                                                                            | State | Zip Code                  |
|                                                 | Austin                                                                                                                                                          | TX    | 78746                     |
|                                                 | Property Legal Description                                                                                                                                      |       |                           |
|                                                 |                                                                                                                                                                 |       |                           |

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

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

Add Additional Municipal Question

Delete this page





# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of 360 Overlook, LLC regarding various land development/zoning issues.                                                            |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

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

## Section 2: Municipal Question

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

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

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

|                                                        |                                                                                                                                                      |                      |                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Lobbying on behalf of Specialty Installation Services regarding SMBR certification.                                                                  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                        | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                        | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                        | City                                                                                                                                                 | State                | Zip Code                  |
|                                                        | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                        | Property Legal Description                                                                                                                           |                      |                           |
|                                                        | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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

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

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

|                                                 |                                                                                                                                                      |                      |                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* | Lobbying on behalf of Trammell Crow Residential regarding various permit issues.                                                                     |                      |                           |
| PROPERTY ADDRESS<br>OR<br>LEGAL DESCRIPTION     | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|                                                 | Address                                                                                                                                              |                      | Suite or Apartment Number |
|                                                 | <input type="text"/>                                                                                                                                 |                      | <input type="text"/>      |
|                                                 | City                                                                                                                                                 | State                | Zip Code                  |
|                                                 | <input type="text"/>                                                                                                                                 | <input type="text"/> | <input type="text"/>      |
|                                                 | Property Legal Description                                                                                                                           |                      |                           |
|                                                 | <input type="text"/>                                                                                                                                 |                      |                           |

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

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

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text"/>                                                |                                            | Client Suffix<br><input type="text"/>                    |
|                                                   | 69 Grandview LP                                                                                                              |                                            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text"/>                                                                             |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | 8300 North FM 620                                                                                                            |                                            | Bldg. K                                                  |
|                                                   | Client City*<br><input type="text"/>                                                                                         | Client State*<br><input type="text"/>      | Client Zip Code*<br><input type="text"/>                 |
|                                                   | Austin TX 78726                                                                                                              |                                            |                                                          |
|                                                   | Nature of Client's Business*<br><input type="text"/>                                                                         |                                            |                                                          |
|                                                   | 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<br>COMPENSATION | Compensation Category*<br><input type="text"/>                                                                                   | (\$)<br>Exact Amount<br><input type="text"/> |
|                        | \$0 (No Compensation Received)                                                                                                   | OR                                           |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |                                              |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |                                              |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text"/>                                                |                                            | Client Suffix<br><input type="text"/>                    |
|                                                   | 720 Lamar Place, L.C.                                                                                                        |                                            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text"/>                                                                             |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | P.O. Box 6110                                                                                                                |                                            |                                                          |
|                                                   | Client City*<br><input type="text"/>                                                                                         | Client State*<br><input type="text"/>      | Client Zip Code*<br><input type="text"/>                 |
|                                                   | Austin                                                                                                                       |                                            | TX 78761                                                 |
|                                                   | Nature of Client's Business*<br><input type="text"/>                                                                         |                                            |                                                          |
|                                                   | 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<br>COMPENSATION | Compensation Category*<br><input type="text"/>                                                                                   | (\$)<br>Exact Amount<br><input type="text"/> |
|                        | \$0 (No Compensation Received)                                                                                                   | OR <input type="text"/>                      |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |                                              |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |                                              |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="AECOM"/>                                  |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="400 West 15th Street"/>                                                |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 500"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78701"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Engineers"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                          |                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                          |                                |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>               | Middle<br><input type="text"/> |
|                                                   | Organization Name or Client Last Name, as applicable*<br>APC thinkEAST Development, LLC                                      | Client Suffix<br><input type="text"/>                    |                                |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>2950 SW 27th Avenue                                                                              | Client Apartment or Suite Number<br><input type="text"/> |                                |
|                                                   | Client City*<br>Miami                                                                                                        | Client State*<br>FL                                      | Client Zip Code*<br>33133      |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                                          |                                |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Aquila Commercial, LLC"/>                 |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1717 West Sixth Street"/>                                              |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 400"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78703"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Argyle Residential, LLC                                             | Client Suffix<br><input type="text"/>      |                                               |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>1601 S. MoPac Expressway                                                                         |                                            | Client Apartment or Suite Number<br>Suite 160 |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78746                     |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                             |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                             |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>              |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Artek Investments, LLC                                              | Client Suffix<br><input type="text"/>      |                                             |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>3801 North Capital of Texas Hwy.                                                                 |                                            | Client Apartment or Suite Number<br>Suite E |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78746                   |
|                                                   | Nature of Client's Business*<br>Property Owner; Developer                                                                    |                                            |                                             |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                 |                                        |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                 |                                        |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name*              | Middle                                 |
|                                                   | <input type="text"/>                                                                                                         | <input type="text"/>            | <input type="text"/>                   |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        | Client Suffix                   |                                        |
|                                                   | <input type="text" value="Asana Partners, LP"/>                                                                              | <input type="text"/>            |                                        |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                                 | Client Apartment or Suite Number       |
|                                                   | <input type="text" value="802 Gervais Street"/>                                                                              |                                 | <input type="text" value="Suite 200"/> |
|                                                   | Client City*                                                                                                                 | Client State*                   | Client Zip Code*                       |
|                                                   | <input type="text" value="Columbia"/>                                                                                        | <input type="text" value="SC"/> | <input type="text" value="29201"/>     |
|                                                   | Nature of Client's Business*                                                                                                 |                                 |                                        |
|                                                   | <input type="text" value="Asset Management"/>                                                                                |                                 |                                        |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Atlantic Housing Foundation, Inc.                                   |                                            | Client Suffix<br><input type="text"/>         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>1310 N. White Chapel Blvd.                                                                       |                                            | Client Apartment or Suite Number<br>Suite 100 |
|                                                   | Client City*<br>Southlake                                                                                                    | Client State*<br>TX                        | Client Zip Code*<br>76092                     |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Atlantic Pacific Communities, LLC"/>      |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2950 SW 27th Avenue"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 200"/> |
|                                                   | Client City*<br><input type="text" value="Miami"/>                                                                           | Client State*<br><input type="text" value="FL"/> | Client Zip Code*<br><input type="text" value="33133"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Atlas Defense, LLC"/>                     | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="9118 Prince William"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78730"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Law Enforcement Training"/>                                        |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>ATX Film & Television Studios, Inc.                                 |                                            | Client Suffix<br><input type="text"/>         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>750 Battery Street                                                                               |                                            | Client Apartment or Suite Number<br>Suite 430 |
|                                                   | Client City*<br>San Francisco                                                                                                | Client State*<br>CA                        | Client Zip Code*<br>94111                     |
|                                                   | Nature of Client's Business*<br>Equipment Rental                                                                             |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Austin Convention Enterprises, Inc."/>    |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="700 Lavaca Street"/>                                                   |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 940"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78701"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Convention and Hospitality Management"/>                           |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                             |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                             |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                              |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Austin Renaissance, Ltd."/>               | Client Suffix<br><input type="text"/>            |                                                                             |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="433 Camden Drive"/>                                                    |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 1177"/> |
|                                                   | Client City*<br><input type="text" value="Beverly Hills"/>                                                                   | Client State*<br><input type="text" value="CA"/> | Client Zip Code*<br><input type="text" value="90210"/>                      |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="AXF Development"/>                        | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3050 Aventura Blvd."/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text" value="3rd Floor"/> |
|                                                   | Client City*<br><input type="text" value="Aventura"/>                                                                        | Client State*<br><input type="text" value="FL"/> | Client Zip Code*<br><input type="text" value="33180"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                          |                                                                           |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                          |                                                                           |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Jerri"/> | Middle<br><input type="text" value="Hudson"/>                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Bell"/>                                   | Client Suffix<br><input type="text"/>                    |                                                                           |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1551 N. Walnut Avenue"/>                                               |                                                          | Client Apartment or Suite Number<br><input type="text" value="Suite 12"/> |
|                                                   | Client City*<br><input type="text" value="New Braunfels"/>                                                                   | Client State*<br><input type="text" value="TX"/>         | Client Zip Code*<br><input type="text" value="78130"/>                    |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Berns Commercial Properties"/>            | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1515 Capital of Texas Hwy."/>                                          |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 412"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Real 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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                       |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                       |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br>David           | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Beseda                                                              | Client Suffix<br><input type="text"/> |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>2310 Portofino Drive                                                                             |                                       | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                   | Client Zip Code*<br>78746                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Bouldin Creek Neighborhood Association"/> |                                                  | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="P.O. Box 3683"/>                                                       |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Neighborhood Association"/>                                        |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Carollo Engineers"/>                      | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3033 N. 44th Street"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 101"/> |
|                                                   | Client City*<br><input type="text" value="Phoenix"/>                                                                         | Client State*<br><input type="text" value="AZ"/> | Client Zip Code*<br><input type="text" value="85018"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Engineers"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                         |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                         |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="John"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Chen"/>                                   | Client Suffix<br><input type="text"/>                   |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2815 Garwood Street"/>                                                 |                                                         | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>        | Client Zip Code*<br><input type="text" value="78702"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                           |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                           |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Wenkai"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Chen"/>                                   | Client Suffix<br><input type="text"/>                     |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="8407 Cambria Drive"/>                                                  |                                                           | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>          | Client Zip Code*<br><input type="text" value="78717"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>CMST Development                                                    | Client Suffix<br><input type="text"/>      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>12007 Technology Blvd.                                                                           |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78727                                |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Continental Cars, Inc."/>                 | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="6757 Airport Blvd."/>                                                  |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78752"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Car Dealership"/>                                                  |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                               |                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                               |                                |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>    | Middle<br><input type="text"/> |
|                                                   | Organization Name or Client Last Name, as applicable*<br>D.R. Horton                                                         | Client Suffix<br><input type="text"/>         |                                |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>10700 Pecan Park Blvd.                                                                           | Client Apartment or Suite Number<br>4th Floor |                                |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                           | Client Zip Code*<br>78750      |
|                                                   | Nature of Client's Business*<br>Home Builder                                                                                 |                                               |                                |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                                    |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                                     |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Delta 2, LLC"/>                           | Client Suffix<br><input type="text"/>            |                                                                                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="110 West Vine Street"/>                                                |                                                  | Client Apartment or Suite Number<br><input type="text" value="Floor 3, Suite 25"/> |
|                                                   | Client City*<br><input type="text" value="Lexington"/>                                                                       | Client State*<br><input type="text" value="KY"/> | Client Zip Code*<br><input type="text" value="40509"/>                             |
|                                                   | Nature of Client's Business*<br><input type="text" value="Investment Firm"/>                                                 |                                                  |                                                                                    |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                              |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                               |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Eskew Place, Ltd."/>                      |                                                  | Client Suffix<br><input type="text"/>                                        |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1101 S. Capital of Texas Hwy."/>                                       |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite A-101"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>                       |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Eureka Holdings"/>                        | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3001 Knox Street"/>                                                    |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 400"/> |
|                                                   | Client City*<br><input type="text" value="Dallas"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="75205"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Eveann Investments, LP                                              |                                            | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>4303 Victory Drive                                                                               |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78704                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="F. Scott Holdings, LLC"/>                 | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="4501 Ridge Oak Drive"/>                                                |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78731"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                             |                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                             |                                |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>                  | Middle<br><input type="text"/> |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Forestar (USA) Real Estate Group                                    | Client Suffix<br><input type="text"/>                       |                                |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>6300 Bee Cave Road                                                                               | Client Apartment or Suite Number<br>Building Two, Suite 500 |                                |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                                         | Client Zip Code*<br>78746      |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                                             |                                |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                    |                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                    |                                  |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name* | Middle                           |
|                                                   |                                                                                                                              |                    |                                  |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        |                    | Client Suffix                    |
|                                                   | Foundation Communities, Inc.                                                                                                 |                    |                                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                    | Client Apartment or Suite Number |
|                                                   | 3036 S. 1st Street                                                                                                           |                    | Suite 200                        |
|                                                   | Client City*                                                                                                                 | Client State*      | Client Zip Code*                 |
|                                                   | Austin                                                                                                                       | TX                 | 78704                            |
|                                                   | 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<br>COMPENSATION | Compensation Category*                                                                                                           | (\$) | Exact Amount |
|                        | \$0 (No Compensation Received)                                                                                                   | OR   |              |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |      |              |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):                                            |      |              |
|                        |                                                                                                                                  |      |              |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Frontier Bank of Texas"/>                 | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="P.O. Box 551"/>                                                        |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78621"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Community Bank"/>                                                  |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Anthony"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="George"/>                                 | Client Suffix<br><input type="text"/>                      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1204 Wild Basin Ledge"/>                                               |                                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>           | Client Zip Code*<br><input type="text" value="78746"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                       |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                       |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br>Steve           | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Greenberg                                                           | Client Suffix<br><input type="text"/> |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>1522 South Congress                                                                              |                                       | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                   | Client Zip Code*<br>78704                                |
|                                                   | Nature of Client's Business*<br>Retail Sales                                                                                 |                                       |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Griffin School, Inc.                                                | Client Suffix<br><input type="text"/>      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>5001 Evans Avenue                                                                                |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78751                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                          |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                          |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Navid"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Hoomanrad"/>                              | Client Suffix<br><input type="text"/>                    |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="P.O. Box 4903"/>                                                       |                                                          | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>         | Client Zip Code*<br><input type="text" value="78765"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Hunt Development Group, LLC                                         | Client Suffix<br><input type="text"/>      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>4401 North Mesa                                                                                  |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>El Paso                                                                                                      | Client State*<br>TX                        | Client Zip Code*<br>79902                                |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>IMPACT Developers, LLC                                              |                                            | Client Suffix<br><input type="text"/>         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>6000 S. Congress Avenue                                                                          |                                            | Client Apartment or Suite Number<br>Suite 101 |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78745                     |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Insurance Auto Auctions"/>                | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1000 Dalton Lane"/>                                                    |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78742"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Auto Salvage"/>                                                    |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Intergalactic Holdings, LLC"/>            | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="P.O. Box 50594"/>                                                      |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78763"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Journeyman Austin Holdings, Inc.                                    |                                            | Client Suffix<br><input type="text"/>         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>7701 N. Lamar Blvd.                                                                              |                                            | Client Apartment or Suite Number<br>Suite 100 |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78752                     |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="KML, Inc."/>                              | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="10242 Rosser Road"/>                                                   |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Dallas"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="75229"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                 |                                        |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                 |                                        |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name*              | Middle                                 |
|                                                   | <input type="text"/>                                                                                                         | <input type="text"/>            | <input type="text"/>                   |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        | Client Suffix                   |                                        |
|                                                   | <input type="text" value="KMS Maconda, LLC"/>                                                                                | <input type="text"/>            |                                        |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                                 | Client Apartment or Suite Number       |
|                                                   | <input type="text" value="5622 Dyer Street"/>                                                                                |                                 | <input type="text" value="Suite 200"/> |
|                                                   | Client City*                                                                                                                 | Client State*                   | Client Zip Code*                       |
|                                                   | <input type="text" value="Dallas"/>                                                                                          | <input type="text" value="TX"/> | <input type="text" value="75206"/>     |
|                                                   | Nature of Client's Business*                                                                                                 |                                 |                                        |
|                                                   | <input type="text" value="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<br>COMPENSATION | Compensation Category*                                                                                                           | (\$) | Exact Amount         |
|                        | <input type="text" value="\$0 (No Compensation Received)"/>                                                                      | OR   | <input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |      |                      |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |      |                      |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                       |                                             |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                       |                                             |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br>David           | Middle<br><input type="text"/>              |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Knapp                                                               | Client Suffix<br><input type="text"/> |                                             |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>3801 North Capital of Texas Hwy.                                                                 |                                       | Client Apartment or Suite Number<br>Suite E |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                   | Client Zip Code*<br>78746                   |
|                                                   | Nature of Client's Business*<br>Property Owner; Developer                                                                    |                                       |                                             |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Krug Development, Inc."/>                 | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="4866 N. Clark Street"/>                                                |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Chicago"/>                                                                         | Client State*<br><input type="text" value="IL"/> | Client Zip Code*<br><input type="text" value="60640"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Kurtz/Zirkelbach Lifetime Trusts"/>       | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2426 Loxford Land"/>                                                   |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Alpharetta"/>                                                                      | Client State*<br><input type="text" value="GA"/> | Client Zip Code*<br><input type="text" value="30009"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Lippincott Capital, Ltd."/>               | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1412 S. Congress Avenue"/>                                             |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78704"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Property Owner; Developer; Investor"/>                             |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Longhorn Meat Market"/>                   | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2411 E. Martin Luther King, Jr. Blvd."/>                               |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78702"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Food Services"/>                                                   |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                          |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                          |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Jesse"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Lunsford"/>                               | Client Suffix<br><input type="text"/>                    |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3235 E. Cesar Chavez Street"/>                                         |                                                          | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>         | Client Zip Code*<br><input type="text" value="78702"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Maconda Park Co., LP"/>                   | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="5622 Dyer Street"/>                                                    |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 200"/> |
|                                                   | Client City*<br><input type="text" value="Dallas"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="75206"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                                      |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                                      |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                                       |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Madhouse Development Services, Inc."/>    | Client Suffix<br><input type="text"/>            |                                                                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="8500 Shoal Creek Blvd."/>                                              |                                                  | Client Apartment or Suite Number<br><input type="text" value="Building, Suite 208"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78757"/>                               |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                                      |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Manchaca Village Veterinary Care"/>       | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="12117 Manchaca Road"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78748"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Veterinary Services"/>                                             |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                         |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                         |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="John"/> | Middle<br><input type="text" value="F."/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="McCracken"/>                              | Client Suffix<br><input type="text"/>                   |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="13108 Travis View Loop"/>                                              |                                                         | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>        | Client Zip Code*<br><input type="text" value="78732"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                           |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                           |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Daniel"/> | Middle<br><input type="text" value="R."/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Mitchell"/>                               | Client Suffix<br><input type="text"/>                     |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2311 Lafayette"/>                                                      |                                                           | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>          | Client Zip Code*<br><input type="text" value="78722"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                          |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                          |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Sohil"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Momin"/>                                  | Client Suffix<br><input type="text"/>                    |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="2201 Real Catorce"/>                                                   |                                                          | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>         | Client Zip Code*<br><input type="text" value="78746"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                               |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                               |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br>J. <input type="text"/> | Middle<br>Lloyd <input type="text"/>                     |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Moore <input type="text"/>                                          | Client Suffix<br><input type="text"/>         |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>2028 Buffalo Terrace <input type="text"/>                                                        |                                               | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Houston <input type="text"/>                                                                                 | Client State*<br>TX <input type="text"/>      | Client Zip Code*<br>77019 <input type="text"/>           |
|                                                   | Nature of Client's Business*<br>Property Owner <input type="text"/>                                                          |                                               |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Lampros"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Moumouris"/>                              | Client Suffix<br><input type="text"/>                      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="8315 Lime Creek Road"/>                                                |                                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Leander"/>                                                                         | Client State*<br><input type="text" value="TX"/>           | Client Zip Code*<br><input type="text" value="78641"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>MTG Management, Inc.                                                | Client Suffix<br><input type="text"/>      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>P.O. Box 6110                                                                                    |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78761                                |
|                                                   | Nature of Client's Business*<br>Commercial Real Property Management                                                          |                                            |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Carolyn"/> | Middle<br><input type="text" value="Elizabeth"/>         |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Neal"/>                                   | Client Suffix<br><input type="text"/>                      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="4501 Ridge Oak Drive"/>                                                |                                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>           | Client Zip Code*<br><input type="text" value="78731"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Frances"/> | Middle<br><input type="text" value="Scott"/>             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Neal"/>                                   | Client Suffix<br><input type="text"/>                      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="4501 Ridge Oak Drive"/>                                                |                                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>           | Client Zip Code*<br><input type="text" value="78731"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                         |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                         |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="John"/> | Middle<br><input type="text" value="Scott"/>             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Neal"/>                                   | Client Suffix<br><input type="text"/>                   |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="4501 Ridge Oak Drive"/>                                                |                                                         | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>        | Client Zip Code*<br><input type="text" value="78731"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Neal (Shoal Creek Property) Family Limited Partnership              |                                            | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>4501 Ridge Oak Drive                                                                             |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78731                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                                     |                                                  |                                                                            |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period        |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                                | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Pinnacle Real Estate &amp; Management Company"/> | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3508 Far West Blvd."/>                                                        |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 170"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                                 | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78731"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                              |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                |                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                |                                |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>     | Middle<br><input type="text"/> |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Pressler RRI, LP                                                    | Client Suffix<br><input type="text"/>          |                                |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>100 Congress Avenue                                                                              | Client Apartment or Suite Number<br>Suite 1450 |                                |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                            | Client Zip Code*<br>78701      |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                                |                                |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                 |                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                 |                                    |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name*              | Middle                             |
|                                                   | <input type="text"/>                                                                                                         | <input type="text"/>            | <input type="text"/>               |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        | Client Suffix                   |                                    |
|                                                   | <input type="text" value="Reagan National Advertising, Inc."/>                                                               | <input type="text"/>            |                                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                                 | Client Apartment or Suite Number   |
|                                                   | <input type="text" value="7301 Burleson Road"/>                                                                              |                                 | <input type="text"/>               |
|                                                   | Client City*                                                                                                                 | Client State*                   | Client Zip Code*                   |
|                                                   | <input type="text" value="Austin"/>                                                                                          | <input type="text" value="TX"/> | <input type="text" value="78744"/> |
|                                                   | Nature of Client's Business*                                                                                                 |                                 |                                    |
|                                                   | <input type="text" value="Outdoor Advertising"/>                                                                             |                                 |                                    |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                       |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                       |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br>Wayne           | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Reaud                                                               | Client Suffix<br><input type="text"/> |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>801 Laurel Street                                                                                |                                       | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Beaumont                                                                                                     | Client State*<br>TX                   | Client Zip Code*<br>77701                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                 |                                         |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                 |                                         |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name*              | Middle                                  |
|                                                   | <input type="text"/>                                                                                                         | <input type="text"/>            | <input type="text"/>                    |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        | Client Suffix                   |                                         |
|                                                   | <input type="text" value="Riverside Resources Investments, Ltd."/>                                                           | <input type="text"/>            |                                         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                                 | Client Apartment or Suite Number        |
|                                                   | <input type="text" value="100 Congress Avenue"/>                                                                             |                                 | <input type="text" value="Suite 1450"/> |
|                                                   | Client City*                                                                                                                 | Client State*                   | Client Zip Code*                        |
|                                                   | <input type="text" value="Austin"/>                                                                                          | <input type="text" value="TX"/> | <input type="text" value="78701"/>      |
|                                                   | Nature of Client's Business*                                                                                                 |                                 |                                         |
|                                                   | <input type="text" value="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<br>COMPENSATION | Compensation Category*                                                                                                           | (\$) | Exact Amount         |
|                        | <input type="text" value="\$0 (No Compensation Received)"/>                                                                      | OR   | <input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |      |                      |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |      |                      |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                    |                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                    |                                  |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name* | Middle                           |
|                                                   |                                                                                                                              |                    |                                  |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        |                    | Client Suffix                    |
|                                                   | Roberts Resorts                                                                                                              |                    |                                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                    | Client Apartment or Suite Number |
|                                                   | 8350 E. Raintree                                                                                                             |                    | Suite 220                        |
|                                                   | Client City*                                                                                                                 | Client State*      | Client Zip Code*                 |
|                                                   | Scottsdale                                                                                                                   | AZ                 | 85260                            |
|                                                   | Nature of Client's Business*                                                                                                 |                    |                                  |
|                                                   | Manufactured Home Community Builder                                                                                          |                    |                                  |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Sabot Development, Ltd."/>                | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="704 Rolling Green"/>                                                   |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Lakeway"/>                                                                         | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78734"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Sandstone Ventures, LLC"/>                | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="148 Cibolo Ridge Trail"/>                                              |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Boerne"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78015"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="SKV-Villas"/>                             | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="111 Congress Avenue"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 400"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78701"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                    |                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                    |                                  |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name* | Middle                           |
|                                                   |                                                                                                                              |                    |                                  |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        |                    | Client Suffix                    |
|                                                   | South River City Citizens Association                                                                                        |                    |                                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                    | Client Apartment or Suite Number |
|                                                   | 1719 Deerfield Drive                                                                                                         |                    |                                  |
|                                                   | Client City*                                                                                                                 | Client State*      | Client Zip Code*                 |
|                                                   | Austin                                                                                                                       | TX                 | 78741                            |
|                                                   | Nature of Client's Business*                                                                                                 |                    |                                  |
|                                                   | Neighborhood Association                                                                                                     |                    |                                  |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Telvending Corp.                                                    |                                            | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>1617 Watchhill Road                                                                              |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78703                                |
|                                                   | Nature of Client's Business*<br>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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="The Parke at Travis Country COA"/>        |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="c/o Alliance Assoc. Management, 115 Wild Basin Rd."/>                  |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 308"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Condominium Owners Association"/>                                  |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                    |                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                    |                                  |
| CLIENT<br>NAME                                    | Client Title                                                                                                                 | Client First Name* | Middle                           |
|                                                   |                                                                                                                              |                    |                                  |
|                                                   | Organization Name or Client Last Name, as applicable*                                                                        |                    | Client Suffix                    |
|                                                   | The Renters Club                                                                                                             |                    |                                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*                                                                                                     |                    | Client Apartment or Suite Number |
|                                                   | 1208 Enfield Road                                                                                                            |                    | Suite 104                        |
|                                                   | Client City*                                                                                                                 | Client State*      | Client Zip Code*                 |
|                                                   | Austin                                                                                                                       | TX                 | 78703                            |
|                                                   | Nature of Client's Business*                                                                                                 |                    |                                  |
|                                                   | Short Term Rentals                                                                                                           |                    |                                  |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="The Stainback Organization"/>             | Client Suffix<br><input type="text"/>            |                                                                            |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="5622 Dyer Street"/>                                                    |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 200"/> |
|                                                   | Client City*<br><input type="text" value="Dallas"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="75206"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="The Sutton Company"/>                     |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="111 Congress Avenue"/>                                                 |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 400"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78701"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="The Trail Foundation"/>                   | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="P.O. Box 5195"/>                                                       |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78763"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="Non-Profit Corporation"/>                                          |                                                  |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                               |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Travis County Courthouse Development Partners, LLC                  |                                            | Client Suffix<br><input type="text"/>         |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>2525 McKinnon Street                                                                             |                                            | Client Apartment or Suite Number<br>Suite 425 |
|                                                   | Client City*<br>Dallas                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>75201                     |
|                                                   | Nature of Client's Business*<br>Developer                                                                                    |                                            |                                               |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Travis County Healthcare District a/k/a Central Health              |                                            | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>1111 E. Cesar Chavez Street                                                                      |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78702                                |
|                                                   | Nature of Client's Business*<br>Public District - Health 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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Trilogy Enterprises, Inc."/>              | Client Suffix<br><input type="text"/>            |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="6011 W. Courtyard Drive"/>                                             |                                                  | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78730"/>   |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                              |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                               |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="TWC-1626, LLC"/>                          |                                                  | Client Suffix<br><input type="text"/>                                        |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1101 S. Capital of Texas Hwy."/>                                       |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite A-101"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>                       |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Victory Medical Center                                              | Client Suffix<br><input type="text"/>      |                                                          |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>4303 Victory Drive                                                                               |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78704                                |
|                                                   | Nature of Client's Business*<br>Medical Services; 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<br>COMPENSATION | Compensation Category*<br>\$0 (No Compensation Received)                                                                         | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                            |                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                            |                                                          |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/> | Middle<br><input type="text"/>                           |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Vortex Repertory Theater                                            |                                            | Client Suffix<br><input type="text"/>                    |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>2307 Manor Road                                                                                  |                                            | Client Apartment or Suite Number<br><input type="text"/> |
|                                                   | Client City*<br>Austin                                                                                                       | Client State*<br>TX                        | Client Zip Code*<br>78722                                |
|                                                   | Nature of Client's Business*<br>Non-Profit Corporation                                                                       |                                            |                                                          |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                           |                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                           |                                                                              |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Marcus"/> | Middle<br><input type="text"/>                                               |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Whitfield"/>                              |                                                           | Client Suffix<br><input type="text"/>                                        |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1101 S. Capital of Texas Hwy."/>                                       |                                                           | Client Apartment or Suite Number<br><input type="text" value="Suite A-101"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>          | Client Zip Code*<br><input type="text" value="78746"/>                       |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                              |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                               |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Whitfield-Chen Development Company"/>     | Client Suffix<br><input type="text"/>            |                                                                              |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1101 S. Capital of Texas Hwy."/>                                       |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite A-101"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="78746"/>                       |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                              |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                        |                                                                           |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                        |                                                                           |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text" value="Jim"/> | Middle<br><input type="text"/>                                            |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Whorton"/>                                | Client Suffix<br><input type="text"/>                  |                                                                           |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="1200 Barton Creek Blvd."/>                                             |                                                        | Client Apartment or Suite Number<br><input type="text" value="Suite 52"/> |
|                                                   | Client City*<br><input type="text" value="Austin"/>                                                                          | Client State*<br><input type="text" value="TX"/>       | Client Zip Code*<br><input type="text" value="78746"/>                    |
|                                                   | Nature of Client's Business*<br><input type="text" value="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<br>COMPENSATION | Compensation Category*<br><input type="text" value="\$0 (No Compensation Received)"/>                                            | OR | (\$ Exact Amount<br><input type="text"/> |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                                          |
|                        | If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<br><input type="text"/>                    |    |                                          |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

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

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                |                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                |                                |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>     | Middle<br><input type="text"/> |
|                                                   | Organization Name or Client Last Name, as applicable*<br>Specialty Installation Services                                     | Client Suffix<br><input type="text"/>          |                                |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br>5235 Hwy. 71 East                                                                                | Client Apartment or Suite Number<br>Building A |                                |
|                                                   | Client City*<br>Del Valle                                                                                                    | Client State*<br>TX                            | Client Zip Code*<br>78617      |
|                                                   | Nature of Client's Business*<br>Carpentry and metalwork installation                                                         |                                                |                                |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

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

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

|                                                   |                                                                                                                              |                                                  |                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| NO CLIENTS TO REPORT                              | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |                                                  |                                                                            |
| CLIENT<br>NAME                                    | Client Title<br><input type="text"/>                                                                                         | Client First Name*<br><input type="text"/>       | Middle<br><input type="text"/>                                             |
|                                                   | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Trammell Crow Residential"/>              |                                                  | Client Suffix<br><input type="text"/>                                      |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS | Client Business Address*<br><input type="text" value="3889 Maple Avenue"/>                                                   |                                                  | Client Apartment or Suite Number<br><input type="text" value="Suite 200"/> |
|                                                   | Client City*<br><input type="text" value="Dallas"/>                                                                          | Client State*<br><input type="text" value="TX"/> | Client Zip Code*<br><input type="text" value="75219"/>                     |
|                                                   | Nature of Client's Business*<br><input type="text" value="Developer"/>                                                       |                                                  |                                                                            |

### Section 3b: Client Compensation

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

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

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

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

## Section 4: Employee

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

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

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

\* Indicates a required field

Add Another Employee Page

Delete this page

Page 197 of 202 Revised:  
3/16/2018



## Lobbyist Reporting Form

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

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

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



## Lobbyist Reporting Form

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

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

### No Activity Confirmation

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



# Lobbyist Reporting Form

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

## Section 6: Expenditure Totals

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

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

|                                                                           |                                                                                             |        |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------|
| EXPENDITURE<br>TOTALS<br><br>(Blank values<br>will be interpreted as \$0) | (\$) Reimbursement to Others                                                                | \$0.00 |
|                                                                           | (\$) Food and Beverages                                                                     | \$0.00 |
|                                                                           | (\$) Transportation and Lodging                                                             | \$0.00 |
|                                                                           | (\$) Gifts (other than Awards and Mementos)                                                 | \$0.00 |
|                                                                           | (\$) Entertainment                                                                          | \$0.00 |
|                                                                           | (\$) Awards and Mementos                                                                    | \$0.00 |
|                                                                           | (\$) Honorariums                                                                            | \$0.00 |
|                                                                           | (\$) Attendance of Council Members at Charitable Events or Fundraisers                      | \$0.00 |
|                                                                           | (\$) Media Communications (broadcast, print, advertising, etc.)                             | \$0.00 |
|                                                                           | (\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j) | \$0.00 |





# 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<br><br>AND<br><br>BUSINESS<br>INTEREST | Payee Title                                                                               | Payee First Name* |                                 |  |
|                                                   |                                                                                           |                   |                                 |  |
|                                                   | Organization Name or Payee Last Name, as applicable*                                      |                   | Payee Suffix                    |  |
|                                                   |                                                                                           |                   |                                 |  |
|                                                   | <input type="checkbox"/> This payee is a business or business interest of a City Official |                   |                                 |  |
|                                                   | If yes, First Name of City Official                                                       |                   | Last Name of City Official      |  |
|                                                   |                                                                                           |                   |                                 |  |
|                                                   | Department of City Official                                                               |                   | Job Title of City Official      |  |
|                                                   |                                                                                           |                   |                                 |  |
| PAYEE<br><br>ADDRESS                              | Payee Address/ PO Box*                                                                    |                   | Payee Apartment or Suite Number |  |
|                                                   |                                                                                           |                   |                                 |  |
|                                                   | Payee City*                                                                               | Payee State*      | Payee Zip Code*                 |  |
|                                                   |                                                                                           |                   |                                 |  |
| EXPENDITURE<br><br>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.

Alexandra C. Jashinsky

Typed Name

7/10/2019

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.