Office Use Only ☐

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	Title: Mr. First Name*: Trey Middle: Last Name*: Salinas Suffix: ☐ My employer is a 501c(3) non-profit organization
EMPLOYING ENTITY	☒ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf Entity/Organization Name*: 3 Point Partners
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*: 812 San Antonio St Apartment or Suite Number: #400 City*: Austin State*: TX Zip Code*: 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*: 812 San Antonio St Apartment or Suite Number: #400 City*: Austin State*: TX Zip Code*: 78701

* Indicates a required field

Lobbyist Reporting Form

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REPORT TYPE * *Check all that apply*	☐ I am registering as a new lobbyist ☐ I am renewing my annual lobbyist registration ☒ I am updating my current registration information outside of a Quarterly Activity Reporting Period ☒ 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: Lobbyist Registration Previous Report Date ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.

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Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Police Officer Funding
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Energy Generation Plan
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☐ Construction
- ☐ Contracts or Procurement
- ☐ Diversity, Equity, or Inclusion
- ☒ Economic Development
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- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Energy Rates
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Body Cameras
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Land use issues
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
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- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
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- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	MUD Issues
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☒ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Municipal Legislation
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Real Estate
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☐ Permits (Other)
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Renewable Energy
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☐ Permits (Building, Site Plans)
- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Right of way permitting issues
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Short Term Rental
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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- ☐ Parks, Recreation, Libraries, or Museums
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Rates
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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*	Cultural Arts Funding
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Transportation
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Technology and Procurement
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description:

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

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

Add Additional Municipal Question

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Airbnb
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 888 Brannan Street Client Apartment or Suite Number: Client City*: San Francisco Client State*: CA Client Zip Code*: 94107 Nature of Client's Business*: Short Term Rentals

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Apex Bethel Energy Center LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3200 Southwest Freeway Client Apartment or Suite Number: Suite 2210 Client City*: Houston Client State*: TX Client Zip Code*: 77027 Nature of Client's Business*: Energy

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Armbrust & Brown LLP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 Congress Ave. Client Apartment or Suite Number: Suite 1300 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Law Firm

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AT&T
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 816 Congress Ave Client Apartment or Suite Number: Suite 1100 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Communications

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Greater Austin Crime Commission
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: PO Box 27016 Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78755 Nature of Client's Business*: Non-profit

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Axon Enterprise, Inc.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 17800 N 85th St Client Apartment or Suite Number: Client City*: Scottsdale Client State*: AZ Client Zip Code*: 85255 Nature of Client's Business*: Manufacturer of body cameras

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Brandywine Realty Trust
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1501 S Mopac Client Apartment or Suite Number: Suite 310 Client City*: Austin Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CCARE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: c\o Brandywine Realty, 1501 S Mopac Client Apartment or Suite Number: Suite 310 Client City*: Austin Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Business League

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Cypress Real Estate Advisors
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1601 S Mopac Client Apartment or Suite Number: Suite 175 Client City*: Austin Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Cypress Semiconductor
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: Champion Court Client Apartment or Suite Number: Client City*: San Jose Client State*: CA Client Zip Code*: 95134 Nature of Client's Business*: High Tech

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Endeavor Real Estate Group
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 221 West 6th Street Client Apartment or Suite Number: Suite 1300 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Goveia Real Estate
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 24855 Del Prado Client Apartment or Suite Number: Client City*: Dana Point Client State*: CA Client Zip Code*: 92629 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HDR, Inc
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4401 West Gate Blvd Client Apartment or Suite Number: Suite 400 Client City*: Austin Client State*: TX Client Zip Code*: 78745 Nature of Client's Business*: Engineering Firm

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Lincoln Clean Energy
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 401 N Michigan Ave Client Apartment or Suite Number: Suite 501 Client City*: Chicago Client State*: IL Client Zip Code*: 60611 Nature of Client's Business*: Renewable Energy

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* NXP Semiconductor, Inc.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 6501 William Cannon Drive West Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78735 Nature of Client's Business*: High Tech

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Samsung Austin Semiconductor, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 12100 Samsung Blvd Client Apartment or Suite Number: #110 Client City*: Austin Client State*: TX Client Zip Code*: 78754 Nature of Client's Business*: High Tech

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Seton Healthcare
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1201 W 38th St Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78705 Nature of Client's Business*: Healthcare Network

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Torchy's Tacos
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 999 E Basse Rd Client Apartment or Suite Number: Client City*: San Antonio Client State*: TX Client Zip Code*: 78209 Nature of Client's Business*: Restaurants

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Walmart Stores, Inc
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2001 Southeast 10th St Client Apartment or Suite Number: Client City*: Bentonville Client State*: AR Client Zip Code*: 72713 Nature of Client's Business*: Retail Merchant

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☒ Client is an individual	Client Title: Client First Name*: Middle: Organization Name or Client Last Name, as applicable*: Wayne Reaud Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 98 San Jacinto Blvd Client Apartment or Suite Number: Suite 1400 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Property Owner

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* White Lodging Services Corp
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 701 East 83rd Ave Client Apartment or Suite Number: Client City*: Merrillville Client State*: IN Client Zip Code*: 46410 Nature of Client's Business*: Developer

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Zach Theatre
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1510 Toomey Road Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78704 Nature of Client's Business*: Entertainment

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Lime Bike
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2121 S El Camino Real Client Apartment or Suite Number: Ste B100 Client City*: San Mateo Client State*: CA Client Zip Code*: 94403-1861 Nature of Client's Business*: Ride Sharing Bikes

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Zydeco Development
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 901 Rio Grande Client Apartment or Suite Number: Suite 200 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Orange Barrel Media
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 250 North Hartford Avenue Client Apartment or Suite Number: Client City*: Columbus Client State*: OH Client Zip Code*: 43222 Nature of Client's Business*: Advertising

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☒ Client is an individual	Client Title: Client First Name*: Richard Middle: Organization Name or Client Last Name, as applicable*: Garriott de Cayeaux Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7400 Coldwater Canyon Dr Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78730 Nature of Client's Business*: N/A

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Veritas Famliy Partners Land Ltd.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: P.O. Box 160340 Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78716 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Downtown Austin Alliance
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 211 E. 7th Street Client Apartment or Suite Number: 818 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Advocacy Organization

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*: $0 **OR** ($) Exact Amount: Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling $500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Eureka Holdings Inc
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 603 W 8th St Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Austin Board of Realtors
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4800 Spiceood Springs Rd Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78759 Nature of Client's Business*: Real Estate Advocacy Organization

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* First Advisors, Inc.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: P.O. Box 364 Client Apartment or Suite Number: Client City*: Spicewood Client State*: TX Client Zip Code*: 78669 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Austin Apartment Association
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8620 Burnet Road Client Apartment or Suite Number: Suite 475 Client City*: Austin Client State*: TX Client Zip Code*: 78757 Nature of Client's Business*: Advocacy Organization

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

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

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

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

* Indicates a required field

Add Another Employee Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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

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

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as $0 spent in that particular category (§4-8-6(A)(3)).
Cumulative expenditures of more than $50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

EXPENDITURE TOTALS	($) 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
(Blank values will be interpreted as $0)	($) 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 AND BUSINESS INTEREST

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

☐ This payee is a business or business interest of a City Official

If yes, First Name of City Official

Last Name of City Official

Department of City Official

Job Title of City Official

PAYEE ADDRESS

Payee Address/ PO Box*

Payee Apartment or Suite Number

Payee City*

Payee State*

Payee Zip Code*

EXPENDITURE DETAILS

($) Expenditure Amount*

Expenditure Date*

Category*

Purpose of the Expenditure*

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

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 8: Declaration and Electronic Submission

DECLARATION

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

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

Trey Salinas	6/1/2020
Typed Name	Report Date*

Electronic Submission and Signature

☒ I have completed a **Lobbyist Contact Information Form,** and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.